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ABSTRACT

This document presents a comprehensive review of the literature on the psychological effects of divorce from the preschool years through adulthood. Topics discussed include the developmental perspective on divorce through various age groups; divorce as an event or process; and the role of the mental health professional. This review provides an interdisciplinary perspective combining research and clinical findings about the effects of parental divorce in childhood on subsequent psychological development. References from 153 professional journals and popular literature are cited and various approaches to clinical treatment are described. Recommendations for use of a consultation model are included. The research findings presented highlight both positive and negative aspects of parental divorce and specify areas of controversy which still require further investigation. The document states the information is intended for application in the clinical, school, and community realm and is designed for use by mental health and child-oriented professionals. It can be used by individuals who are not in the mental health field such as parents, teachers, etc., however, it is recommended that mental health professionals be available to clarify technical terms regarding psychological theory. (Author/ABL)

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# REVIEW OF THE PSYCHOLOGICAL EFFECTS OF DIVORCE THROUGHOUT THE LIFESPAN INCLUDING IMPLICATIONS FOR CLINICAL TREATMENT

A DISSERTATION

SUBMITTED TO THE FACULTY

OF

THE GRADUATE PSYCHOLOGY DEPARTMENT

OF

PACE UNIVERSITY

DYSON COLLEGE OF ARTS AND SCIENCES

BY

PAMELA E. HALL

IN PARTIAL FULFILLMENT OF THE

REQUIREMENTS FOR THE DEGREE

OF

DOCTOR OF PSYCHOLOGY

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ABSTRACT

A comprehensive review of the literature on the psychological effects of divorce from preschool through adulthood was conducted. The purpose of this review is to provide an interdisciplinary perspective combining research and clinical findings about the effects of parental divorce in childhood on subsequent psychological development. 153 references from professional journals and popular literature are cited and various approaches to clinical treatment are described. Recommendations for use of a consultation model are included. The research findings presented highlight both positive and negative aspects of parental divorce and specify areas of controversy which still require further investigation. The information is intended for application in the clinical, school, and community realm. This review is designed for use by mental health and child-oriented professionals. It can be used by individuals who are not in the mental health field such as parents, teachers, etc., however, the availability of a mental health professional to clarify technical terms regarding psychological theory is advisable.

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"Our Lord is great, He calls by name
And counts the stars of night;
His wisdom is unsearchable
And wondrous is His might."

-John H. Stockton 1813-1877
from Psalm 147

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# CHAPTER I

## INTRODUCTORY FACTS ABOUT DIVORCE

### Modern Statistics on Divorce

The pattern of divorce rates in the United States has been carefully plotted over several decades. Following the Great Depression of the 1930's, both marriage and divorce rates soared throughout the post-World War II era (Glick & Norton, 1979). The 50's ushered in a revival of concerns about the family, with a drop in divorce and a plethora of early marriages and births (Glick, 1975). By contrast, the 60's and 70's manifested a steady increase in divorces. This is considered by some demographers to be a function of several radical social alterations in the American lifestyle. The Vietnam War and the readjustment period in its aftermath tragically threatened the stability of many American families. The newly-established peacetime economy and a traditional family lifestyle were often too difficult for overstressed servicemen to integrate upon returning home from a combat experience. In addition, the rise of the women's movement and the overall evolution of more liberal attitudes in social and religious domains served to make divorce a less shameful option. Increased educational and employment opportunities for women outside the home have led them to press for less

traditional family roles with single parenthood being one option (Glick & Norton, 1980). Improved birth control methods and subsequent decreases in family size makes it easier for women to seek relief from troubled marriages through divorce since there are fewer children who are affected. With few or no children, divorcing couples can make a fresh start more easily. In short, divorce has come to be viewed as a viable alternative to a painful, unhappy marriage (Glick & Norton, 1979).

In 1979, the divorce rate was two and one-half times greater than the rate reported in 1959, with a proportionate increase in the number of children affected by such broken marriages. The estimated figure of 1,181,000 children under the age of 18 involved in divorce in 1979 was twice the figure for 1963 and three times the figure for 1957 (U. S. Department of Human Services - Monthly Vital Statistics Report, May, 1981). In 1980 the divorce rate dipped slightly only to rise again in 1981 (U. S. Department of Human Services - Monthly Vital Statistics Report, December, 1982). It is projected that 45% of all children born in 1978 will spend some portion of their childhood in a single-parent household, two-thirds of them as a result of parental divorce (Norton & Glick, 1979). This prediction implies that nearly one-half of our nation's children born in the decade of the 70's will experience the single-parent family lifestyle. This follows from the estimate that 40% of present-day young marriages will terminate in divorce (Hetherington, 1979). Approximately one million children

per year have been added to the 17 million under age 18 already living in single-parent homes by 1980 (Jellinek & Slovik, 1981). Single parent family units resulting specifically from parental separation and divorce have shown a 111% increase since 1970 (Guidubaldi, et al., 1983). The majority of these children from divorced parents live with their mother, leaving only 10% with the father as the custodial parent. The most recent available statistics, those from 1982, report divorce rates to be at an all-time high. That year, over 1.2 million divorces were granted and children were involved in more than 50% of these cases (N. Y. Times Book Review, July 24, 1983).

In the light of these compelling statistics, it is imperative that the helping professions focus their research on the impact made by divorce on the emotional and psychological development of children. Predicted statistical trends in marriage and divorce rates are subject to fluctuations. This makes future projections on increases or declines in divorce rates tenuous (Glick, 1979). In any event, however, the large population of children of divorce in our society necessitates the involvement of all mental health and child-oriented professionals in planning for needed services. Recognition of these children as a distinct clinical population is critical as a prerequisite to useful research and investigation. The dissemination of this information to the various professions that deal with children and families of divorce on a routine basis is vital.

Recent Trends

In response to the staggering statistics on divorce, the professional communities of psychology, psychiatry, social work, education, and other mental health and child-oriented disciplines have witnessed a recent barrage of literature focusing on various aspects of divorce. The body of literature concerning divorce extends into many aspects of the divorce process including legal factors, custody recommendations, effects of parental loss on children, and the effects of divorce on adults and extended family members. Program evaluation studies analyze the effectivenss of various treatment plans implemented by researchers or mental health professionals in numerous settings such as laboratories, courts, classrooms, and individual or group therapy sessions. Articles in popular magazines and newspapers report general impressions about divorce and provide parents and interested others with "band-aid" recommendations and soothing advice to help ameliorate the effects of this painful and prevalent predicament of modern times.

This presentation has been designed to focus on the effects of divorce on children from preschool through adulthood. It provides a comprehensive overview for mental health and child-oriented professionals of the impact of divorce on the specific child populations with which they work. The purpose is to provide an integrated, interdisciplinary presentation of the current knowledge about the effects of divorce on children. The information presented will provide a variety of professional perspectives.

The phenomenon of divorce is multifaceted and its effects are far-reaching. It is imperative that all professionals involved with children of divorce develop a broad knowledge base. They can then employ a host of theoretical frameworks in conceptualizing cases and planning treatment interventions. All too often the demands and time constraints of a professional lifestyle make it impossible for clinicians to do extensive reading on any one subject in their own discipline. They would be even less apt to peruse the available literature in a related discipline. Hence, this presentation is designed to provide mental health professionals with a "panoramic view" of the latest research findings on the effects of divorce on children.

The treatment of children of divorce is too often based on the specific symptoms presented by the child. A more comprehensive approach may be to view the effects of divorce as stemming from an interaction between the direct changes in lifestyle and the alterations in the family's emotional support network (Hess & Camara, 1979). If it were possible for a family to undergo a divorce without any major changes taking place in the lives of the affected parties, there would be, of course, little or no effect on the children. Unfortunately, even the most amiable divorce arrangements involve some major changes in the family unit, the most evident being the absence of one parent figure in the children's household. To the extent that changes in the family unit occur, the likelihood of effects on children is increased.

The symptoms presented by the child whose parents are divorced are often surprisingly similar to those of children who are not experiencing divorce trauma. It is a mistake for the mental health professional to simply focus upon the presenting problems without taking into account valuable information on the environmental conditions surrounding a parental divorce. Frequently, the information made available to clinicians during an intake session about parental divorce is routinely recorded under the heading of demographic data and neatly filed away, never to be considered again. Specific aspects of the parental divorce may only be touched upon in the interview process without in-depth exploration. This deficiency can lead to the loss of much valuable information which would aid in the formulation of treatment interventions.

Each divorce experience is unique and involves a wide range of variables which occur in different patterns and combinations. In addition, each variable of divorce carries an idiosyncratic, personal significance for the individuals involved in the divorce process. For example, a child who presents with the referral problem of fighting with peers at school is quite possibly recreating violence witnessed at home between the parents. Another possibility is that he or she is displacing anger at one parent for "abandoning" him or her onto peers with whom he or she feels less helpless and vulnerable to retaliation. In order for the mental health professional to formulate educated hypotheses concerning the child's referral problem, accurate information concerning the

divorce situation is needed. For example, knowledge of the prevalence of physical abuse in the home would be essential. The clinician might err in assuming that the child was feeling abandoned by the parent's departure when in actuality the child was relieved by the separation from an abusive parent. Another possibility is that a child does not feel abandoned at all because the non-custodial parent is an involved and supportive influence in the child's daily life. This suggests that once divorce is mentioned as a part of the child's experience, an in-depth exploration of the specific variables surrounding the divorce is critical. This can easily be obtained from the custodial parent and should ideally be checked against information from the non-custodial parent. Peripheral or no involvement by the child with the non-custodial parent is also noteworthy for the professional. This will guide the latter in exploring how the child is reacting to the loss of the parent's support.

There is tremendous value in conducting an interview with the child, to elicit his or her specific perceptions of the divorce. It cannot be assumed that all children will react to the divorce of their parents in the same manner. Individual differences in how the divorce is perceived depend on the following factors among many others: 1) the age and developmental stage of the child when the divorce occurred; 2) sex of the child; 3) age of the parents; 4) number of children in the family; 5) length of the marriage; 6) changes in parental roles and relationship to the child;

7) social/cultural factors (Wallerstein & Kelly, 1979). Although there are some broad general responses across various age groups to parental divorce (Wallerstein & Kelly, 1980) there are many exceptions so that the private, individual experiences of each child must be explored by the clinician.

The population of "divorced children" is a separate distinct group with unique life experiences. In addition, each individual child experiences his or her own variation on the common theme. Many of these experiences can be addressed within the therapeutic context. In order for mental health professionals to do this they must have a thorough understanding of the many possible reactions to parental divorce. The research reported below provides a template through which to view the general reactions of children whose parents divorce, while still paying homage to the individuality of each child.

An overall knowledge of the divorce research is helpful but not the only requirement for complete awareness of the divorce experience. Mental health professionals must recognize that they are not immune to the attitudes, reactions and preconceived notions that divorce elicits in our society. The societal view of divorce in many ethnic, religious, and cultural circles is still negative. This attitude may encourage similarly negative responses to divorce in the population at large. It is not necessary for mental health professionals to be in favor of divorce in order to be

effective in the treatment of families which have experienced it. However, it is imperative that they be aware of their own reactions to divorce so that these do not impinge on the treatment in a counter-therapeutic fashion.

The mental health professional is only one of many potential resources for divorced parents and their children. Teachers are child-oriented professionals who may be involved in helping children deal with the impact of divorce in a variety of ways (Kelly & Wallerstein, 1979). Teachers can serve as role models during the absence or under-involvement of a parent in their pupils' lives. They can provide information to both parents and children regarding common reactions to divorce thereby reducing anxiety and furnishing reassurance in troubled times. The knowledge they provide will further aid in the appropriate referral of children and their parents to mental health professionals when this is necessary because of the intensity or complexity of the post-divorce response. A teacher who is aware of the documented psychological effects of divorce will be able to interact with pupils of divorced parents so as to foster relief from anxiety. Such an atmosphere grants permission for these children to explore and express their fears and concerns. In this way any need for more intensive intervention by clinicians will become evident. School attendance comprises a significant portion of a child's life so that the school setting ideally is an important place for delivering supportive services to divorced children and their parents.

Documented information on the effects of divorce on children is desperately needed within the judicial/legal system which is often a critical third party in the divorce process. All too frequently, custody battles are utilized as weapons between hostile, antagonistic, and emotionally overwrought parents, with actual legal concerns playing a secondary role. Lawyers and judges hold the power, largely untapped at this point, to aid in reducing the pain of divorce proceedings. To do this, they require an increased awareness of the ramifications of divorce on parents, children, and the disintegrating family unit. Education of these powerful individuals may bring about alterations in damaging legal procedures which are still a part of divorce law (Wallerstein, 1980). Decisions about custody, visitation, financial support and other matters may come to be based on a more sensitive consideration of the needs of the divorcing family unit. This, in turn, will reduce the pressure on the separating spouses, rendering them more capable of providing the supportive parenting needed by their children. At present, the adversarial nature of divorce, the hapazard and destructive separation of siblings, the utilization of children as bargaining weapons, and the insensitive structure of the legal system contribute to increasing the negative effects of divorce on children (Wallerstein, 1980).

Hospital medical staffs and private physicians customarily encounter many divorced parents and their children in their daily practice. The powerful influence of the medical community

on the lay person must be recognized by these same professionals if they are to avoid the hazards of giving advice related to a divorce situation without complete knowledge of the effects divorce can have on the individuals involved. Troubled patients often solicit the opinions of medical professionals either to help reduce their anxiety or to seek support for their own ideas. It would be appropriate under these circumstances for physicians and other health personnel to refer divorcing families to psychologists, psychiatrists, or psychiatric social workers specifically trained in dealing with emotional matters. It is unfair to expect health professionals to be prepared to conduct therapeutic interventions with families of divorce. It is hoped that the overview of the potentially traumatic effects of divorce on children provided here will be helpful to the medical professional in establishing criteria for appropriate referral for mental health services.

Types of Studies

There are two major types of studies in the literature that focus specifically on the effects of divorce on children. The first of these is the traditional research study. These studies examine a variety of variables and make comparisons between children of divorce and children from intact families and other populations. This research information is quite useful to the clinician for many reasons, a primary one being that widespread myths about the effects of divorce are dispelled as a result of scientific investigation. Treatment interventions need not be marred by personal distortions, myths, and negative

social attitudes toward divorce existing in our society.

Familiarization with research is of further value to the clinician because patients may conceal certain aspects of their emotional reactions to divorce for various reasons. Awareness of the numerous possible reactions to divorce enables the clinicians to more readily identify such reactions in their patients and to intervene with focused interventions when appropriate. Tailored, direct interventions often provide much needed immediate relief for those children who have been traumatized by parental divorce. Structured interventions can also establish a therapeutic environment within which the child can feel safe in discussing fears and concerns about parental divorce. In this way, the clinician communicates a recognition that divorce is a crucial event for the child. The message to the child is that he or she is not abnormal or alone in his or her pain.

A final advantage of research knowledge is to sensitize clinicians to the observable behaviors of the children they see, enabling them to monitor any changes during the course of treatment, and to collect other clinical data which will support or reject research results. This will add further information to our present knowledge base about the child in the throes of parental divorce.

The second type of study which proves valuable in determining the effects of divorce on children consists of clinical studies and case presentations. Abundant reports by

prestigious professionals provide detailed descriptive information about their personal experiences in treating children of divorce. It is most valuable to consider the impressions of experienced colleagues, although clinical impressions alone are insufficient as a base for formulating treatment with this population of children. Recognition of this point has recently encouraged more formalized clinical observational studies and the employment of quasi-experimental designs. Such approaches can offer a more reliable, replicable modality through which to observe and interpret the effects of divorce on children.

There are many considerations which must be mentioned concerning research findings on the effects of divorce on children. All research findings are limited in their scope and application. There are some valuable observations however, which can be made about the type and quality of research carried on to date on the effects of divorce on children.

Kelly and Wallerstein (1976) describe the research concerned with the impact of divorce on school-aged children as still in its primary stages. One reason for this may be the difficulty in obtaining the necessary consent from traditional school districts to conduct research that identifies children's parental marital status. Thus, a potentially rich research environment such as the school is kept off-limits. More recently, Wallerstein (1980) reports that only one-half of the teachers in her study were even aware

of the divorces in students' families. Many parents preferred that the school remain uninformed of family difficulties. Parents feared that their children might be labeled or shamed in some way if the divorce became public knowledge.

It is crucial for the researcher to remain sensitive to the embarrassment and fear of social denigration that many divorced family members feel. The researcher must consider the effects of this fear on the accessibility of such populations for research and on the accuracy of information obtained by assessment tools and clinical interviews. There are many factors which undoubtedly color research results on children of divorce. For example, respondents to research interviews or questionnaires may offer responses either geared towards pleasing the researcher or defending a sense of personal dignity and privacy rather than providing an accurate account of the subject's own perceptions and inner emotional experience.

There are many flaws in the research on children of divorce which are attributable to entrenched negative societal views of the divorced family unit to which the researchers and clinicians are not immune. For example, it is often unspecified in research studies whether the father's absence was caused by divorce, death or abandonment. Loss of a parent through divorce is experienced differently from loss through death with its clear-cut finality. Therefore, failing to differentiate these two divergent experiences when choosing a research sample will yield inaccurate results concerning the effects of father absence on children. In much the same manner,

single-parent families are often mistakenly viewed as a homogeneous group. In reality, however, the divorced household represents only one aspect of the single-parent situation which also includes widows, unwed mothers, and parents and children abandoned by a father or mother figure. The single-parent household has often been studied from the viewpoint that it is deviant when compared to the traditional nuclear family. This experimenter bias may affect the interpretation of research data. Rectification of this problem would require that the lifestyle of the single-parent family be more accurately viewed as an alternative to the nuclear family. In this way, the strengths as well as the weaknesses of the single-parent family system could be assessed (Levitin, 1979).

There are two primary methods of data-gathering, each with advantages and disadvantages. The clinical method is a unique one that affords an opportunity for clinicians to allay their subjects' fears about revealing personal information by providing a safe interpersonal relationship. A disadvantage of clinical studies, however, is the lack of the rigor which an experimental approach entails. Clinical studies do allow for greater expression of the individual's inner perceptions and emotions, but because these have to be inferred or interpreted by the clinician, the latter's own subjective experience cannot be eliminated. In addition, there are many primary drawbacks in interpreting results from clinical data. The sample size in clinical research is typically quite small, often self-selected,

and thus inherently biased in nature. Such studies involve "referred children of divorce" which again represents a specific type of sample population whether they be more sophisticated, wealthier, or more troubled. Clinical studies customarily lack a normal control group with which to compare clinical observations. Replication of clinical research is often impossible. In the majority of clinical studies, there is no objective data base, no quantifiable measures are utilized, and issues of reliability and validity of research measures (when the latter are employed at all) frequently go unaddressed. They are extremely valuable, however, in providing in-depth exploration of psychological reactions and intervention techniques.

The research method of data gathering insures tightly controlled acquisition of information but offers limited value for application to general populations. Research studies that are restrospective in nature provide a picture distorted by time of the original raw, painful reactions to divorce. The lack of proper control groups is also found in experimental research. Such groups are necessary to permit an accurate comparison between children of divorce and other children who, while not subjected to potential divorce consequences, live under otherwise similar conditions. It is important that the research sample be sufficiently randomized and heterogeneous to allow for the findings on children of divorce to be generalized to a wider divorce population. For example, a study conducted on children of divorced parents in a Parents

Without Partners (P.W.P.) resource center may yield fascinating results but possess limited potential for application to all children of divorce due to the selective nature of the sample which has not taken into account possible similarities among these children. One such similarity is that these children all have parents who are actively involved in coping with the divorce experience for themselves and their children via active involvement in an organization such as P.W.P. Demographic variables such as the sex of the custodial parent and child, racial or cultural background, specific religious beliefs and socio-economic factors differ widely across the population of children of divorce (Levitin, 1979). This can also limit the general application of divorce research. Finally, research that is conducted under strict laboratory conditions is severely limited in general applicability of the research results to actual life and family situations.

The post-divorce family relationship often affects the child more than the actual legal divorce experience. Despert (1962) speaks of the pain of emotional divorce and the child's keen awareness of the dysfunctional marital relationship. It is crucial for research efforts to examine family process variables such as stress factors, emotional reactions, and conflicts of loyalty and allegiance to one or both parents. In addition, the children's disrupted sense of social reality in terms of the redefeinition of parental roles and the child's individual place in the family must be considered. It has been discovered that the child's relationship to his

or her parents is highly correlated with adjustment factors. Hostile discord between parental figures is also damaging to the child's adjustment but to a lesser degree (Hess & Camara, 1979). The time of parental emotional and legal divorce must be distinguished in research endeavors as it would be incorrect to identify effects of parental divorce without a time frame to pinpoint when in the divorce process the effects were noted.

## CHAPTER II

## THE DEVELOPMENTAL PERSPECTIVE

### Overview

One of the most recent and impressive clinical observational studies investigating the effects of divorce on children and adolescents was conducted by Judith Wallerstein and Joan Kelly over a period of five years. The subjects totaled 131 children (60 families) ranging in age from 2½ to 18 years. The population was from a northern California area, Marin County, where the divorce rate is among the highest in the country (Wallerstein, 1974). The longitudinal nature of this study is one of its most valuable components. It is the only such study with the exception of one conducted by Hetherington, Cox and Cox (1979) on a population of preschool children from divorced homes. Hetherington compared the divorced group with 48 children from intact families over a two-year follow-up period. Despite the divergent geographical location of the child populations (California vs. Virginia), there were similarities both in methodology and research results of the two studies. Both studies were concerned with the impact of divorce on non-clinical populations of children and both tried to conceptualize the family as a unit or system in trouble. In this way, the differences between family functioning and relationships before and after divorce could

be examined as well as the effects of these changes on children. A most valuable asset of these studies was that information was collected at the beginning stages of parental separation rather than retrospectively. Dynamic process variables, multiple measures and direct clinical observation were also employed in these studies.

The widely disseminated findings of the two studies yielded many similar results. Both found parents and children plunged into an acutely disorganized period immediately following divorce. This continued for one or sometimes two years after which a gradual reorganization and restabilization of the family unit was noted. The restabilized unit took the form of either a single parent family or a blended family coping with remarriage (Wallerstein, 1974; Hetherington, 1976).

The parents were as profoundly affected by the divorce as were the children. They demonstrated deterioration in parenting skills and other adult areas of functioning until the recovery stages ensued. Divorced parents were found to demand less mature behavior from their children, be less consistent with discipline and communicate less effectively with their children. The results of these two research studies suggested that there were no "victimless divorces" since all children and parents exhibited at least some indications of distress and upheaval.

A Closer Look at the Clinical Findings

The purpose of the California Children of Divorce Project was three-fold (Wallerstein & Kelly, 1980). A primary goal

was to provide detailed and systematic clinical/observational data on the emotional, intellectual, and developmental effects of divorce on children and adolescents in relatively good psychological health. It provided an in-depth study of the responses of children who had had no previous psychiatric treatment history, were performing at age-appropriate levels scholastically and behaviorally prior to the divorce, and had successfully reached normal developmental milestones according to the reports of both parents and teachers. This focus is different from the majority of studies which examine clinically identified populations of children whose parents are divorced (Wallerstein, 1980).

The Children of Divorce project yielded rich information on the responses of children to parental divorce at different ages. Sex differences and general trends were also monitored and reported. Two additional purposes of this research study were to help devise models of service that would sustain parents as well as children through the divorce process and provide aid in the subsequent adaptation phases. The clinical findings of this landmark study provide important knowledge for all mental health and child-oriented professionals engaged in treatment or supportive relationships with children of divorce.

The major finding of the California Children of Divorce Project was that the feelings children experience and the behaviors they exhibit in response to parental divorce can be subsumed under four distinct categories based on age-related

and developmental variables. Within each age group (preschool, early latency, later latency, and adolescence) there are certainly many individual response variations among children. Nevertheless, it is still quite possible to describe "normative" or typical responses prevalent in each age group (Wallerstein, 1980). Many observations related to age parallel traditional developmental and psychoanalytic theory. The clinician may find it useful to consider these perspectives when working with children in treatment as they clarify the psychological effects of divorce that each child must struggle with and eventually integrate. In addition, the study findings help to delineate the developmental limitations children face in understanding divorce at various ages. For example, those children too young to have acquired the necessary cognitive capacity to comprehend divorce on an intellectual level will show different responses from those whose cognitive capacity is more highly developed. The developmental perspective proposed by Wallerstein and Kelly (1980) enables clinicians to formulate hypotheses about and identify concerns of children at particular ages. This permits the design of treatment interventions tailored to the child's age-appropriate concerns and level of cognitive functioning. Such interventions can be very effective in providing relief for the child's experience of parental divorce.

The findings of the Wallerstein and Kelly (1980) research that are relevant for clinicians will be presented in the following pages, along with other pertinent research findings

that either corroborate, contradict, or provide various new outlooks on the effects of divorce on children.

## The Effects of Divorce on Preschool Children

### The youngest preschool child.

The preschool age range spans many sub-stages in the developmental progression of the child. To date, the most prominent findings about this group of children have been reported by Wallerstein and Kelly (1975). This population was found to be easily divisible into three distinct sub-categories based on the qualitatively divergent responses of each group to parental separation. The first of these, the youngest preschool group (2½ to 3¼ years), demonstrated significant behavioral changes that were both observable and typical among the group. The reactions were manifested in some of the following forms: general increased irritability and fearfulness, often resulting in whining and crying, frequent tantrums indicating escalated aggression, increased self-stimulation (masturbation), and marked rapid onset of separation anxiety. Sleep difficulties were especially common and were often related to fears of abandonment by both parents or of awakening to an empty household. In addition, all the children exhibited regressive trends such as decreased mastery of toilet habits and a return to previously abandoned transitional objects. The extent and duration of such regressions varied.

Many studies describe regressive symptoms in children after parental divorce. High rates of enuresis in preschool children from broken homes is one example (Rowntree, 1955; Douglas, 1970).

The traditional clinical symptom of bed-wetting in a previously dry child has been associated with family stress. Parental death or divorce undoubtedly qualify as stressful factors. Douglas (1970) reports that for every age group in his sample of 4,701 children, those from broken homes were twice as likely to exhibit enuretic symptoms as those from intact homes, especially when the familial break occurred in the first 6 years of the child's life. In this longitudinal study, such symptoms were found occasionally to persist until the age of 15. Children at age 4½ had the highest rate of enuresis and most children tapered off significantly by age 11.

Behavioral observations of the preschoolers' play activity in the Wallerstein and Kelly study (1975) noted a regressive quality in play conveyed by aimlessness, sadness, and desperate overcontrol. Regressive themes centered around searching for interpersonal contact and attempting to construct relationships between objects or play figures.

During the initial time of parental separation, Wallerstein and Kelly reported that preschool children reacted similarly regardless of gender. In both boys and girls, the majority of symptoms had disappeared by the first year follow-up, provided the quality of caretaking had been satisfactory. This improvement occurred irrespective of whether it was the mother or a substitute who had been the caretaker. Those children who did not improve at the follow-up (deemed the vulnerable group) were from families where the intensity of the divorce disruption had remained constant throughout the first year of separation. In those cases, custodial mothers were found to be

under relentless strain, so preoccupied with their own emotional pain and humiliation that they were unable to sufficiently assist their children to integrate the numerous alterations in the family structure and lifestyle precipitated by the divorce (Wallerstein & Kelly, 1980). It was noted that sex differences did exist for preschoolers under these conditions. At approximately 4 years of age, kindergarten girls were found to be in worse psychological condition than boys (Wallerstein, 1977). The predominant clinical picture was described as one of intense emotional neediness, prolonged preoccupation with Oedipal fantasies, and decreased self-esteem which was then perpetuated by poor peer relationships and learning difficulties.

The entire sample studied yielded a staggering 47% of the total number of preschool children with no previous psychiatric history who eventually evidenced some significant form of psychological deterioration or lag in psychic development (Wallerstein, 1974). These and similar statistics make it clear that identification of the precise effects of divorce on children is of critical concern. Mental health professionals should fully inform parents about the potential effects of divorce on children. A concrete explanation about these effects to parents can often prevent the additional stress of imagining more dire outcomes for their children than are actually likely to occur and can prepare them to deal with the reactions which are likely to occur.

The middle-aged preschooler.

Children classified in the middle preschool group (3 3/4 to 4 3/4 years) exhibited significantly fewer regressive behaviors but still acted tearful, irritable, helpless, and whiny (Wallerstein & Kelly, 1975). Separation anxiety at this age was reported to be expressed specifically in terms of phobic ideation and increased fear of aggression. Many children manifested bewilderment over the loss of one parent and fear of possibly losing the other as well. The slightly more developed reasoning abilities at this stage enabled these youngsters to consider the significance and future ramifications of the divorce situation. They attempted to pinpoint their perceived role in precipitating the tragic loss. Many of these children expressed feelings of self-blame and personal responsibility for the estranged parent's departure. The usual concern was that their misbehavior, for which the parent had reprimanded them in the past, was the precipitant for the parent's leaving the home (Wallerstein, 1980). It is suggested that early superego development, coupled with cognitive limitations in comprehending the overwhelming forces and dynamics of adult relationships, may lead to the observed increase in self blame and reduction in self-esteem in such youngsters.

A commentary by Jellinek and Slovik (1981) emphasizes the cognitive limitations of the preschooler in fully understanding the complex motives behind divorce. Children at this age are, quite naturally, ego-centric and only at the beginning stage of

developing a conscience. They are prone to focus on their behavior as an explanation for all occurrences in the family setting which would include the departure of one parent. Their reasoning is rooted in guilt-ridden and grandiose fantasies that they are solely responsible for the outcome of family events and therefore to blame for the parental separation. It is quite probable that these children's fantasies are often bolstered by actual experiences of overhearing parents argue about "the children", their behavior, and welfare.

Another confusing change for children to integrate at the preschool stage of development is the often drastic alterations that occur in parental roles and parent-child relationships. For example, the percentage of divorced/separated working mothers with children six years old or younger has increased from 42% in 1966 to 60% at present. Employment for single mothers with children ages 6 to 17 has increased from 50% in 1966 to 73% presently. Hetherington (1979) notes that the necessity for maternal employment may cause a dual trauma in preschoolers who might perceive themselves as having lost both parents. Children must accustom themselves to a routine of daycare and baby sitters. They must endure spending a limited amount of time with their custodial parent in addition to getting a diminished amount of attention from the estranged parental figure.

A second example of the changing parent-child relationship was reported by Wallerstein and Kelly (1975). They observed that in their sample the typical disciplinary role of the father

and the nurturant role of the mother became drastically altered by the divorce arrangements. Fathers were often seen only for brief encounters that usually involved enjoyable activities and outings. Thus, the father-child relationship frequently improved for the majority of children, although this increased closeness and affection did not prove sufficient to halt the downward spiral noted in the vulnerable group of preschoolers after the divorce. In contrast, the custodial mother's role usually necessitated the administration of disciplinary measures on a daily basis. This often added a strained, ambivalent component to the mother-child relationship which may not have been so prominent previously. This role-reversal correlated significantly with the psychological status of the child as it was quite common for children, as well as parents, to become resentful and confused about these new roles (Wallerstein & Kelly, 1975).

The oldest preschool child.

The Wallerstein and Kelly study described the oldest preschool group (5 to 6 years) as exhibiting the same irritability, aggression, and anxiety as the younger children. However, this group seemed to possess a greater capacity to comprehend the situational changes brought about by the divorce (Wallerstein & Kelly, 1975). These older preschoolers demonstrated more varied responses to the divorce than the younger ones and an ability to express their reactions, whether these be anger or relief. The children at this age maintained a consistent clinical picture from initial interview

to follow-up, and many children in the sample showed indications of developmental surges towards growth and maturity despite the divorce trauma. One explanation offered for this was that children at this age are already able to derive gratification from sources outside the home, such as peers and school functions.

The use of defense mechanisms was noted to emerge in the older preschool child. Wallerstein and Kelly's study reported evidence of denial and rage to combat the torment and fear of being replaced. Fantasy was employed frequently as a mode of defensive organization for feelings of rejection. The undoing of painful events surrounding the divorce was noted especially in play. Parental visitation often elicited clinical evidence of Oedipal fantasy stimulation. If not dealt with properly, this has the potential to interfere with adequate resolution of the Oedipal complex and progression into latency. Behavioral sequelae of such complications were typically poor peer relationships and relentless attempts to monopolize teacher and parental attention.

The clinical observational nature of the Children of Divorce Project not only allowed the researchers to examine the responses of preschoolers who had deteriorated due to parental divorce, but also to study the conditions most common among preschoolers who coped well. There were definite environmental circumstances that helped children cope successfully with parental divorce. Rapid re-establishment of a routine schedule and clear-cut caretaking arrangements aided in making the children feel less

insecure about the fulfillment of their daily needs (Wallerstein, 1977). The quality of care from the custodial parent was also crucial. Children who survived the divorce optimally were those whose parents remained involved and attentive to their child's affectional needs despite their own emotional pain and deprivation. Overall, children did best when they did not experience overt rejection of abandonment by either parent. Parents who did not allow existing residual hostility and conflict between themselves to permeate the relationship with the children had children who made a healthier readjustment.

Three adjunctive supports were identified in the environment of those preschoolers who coped successfully with the divorce. The first of these was an empathic, sensitive school climate containing teachers able to provide individual support and stability to the child at this time of drastic change. The reliable structure and routine of the school day itself was often quite soothing to these children whose home lives had been brutally shaken.

The second support noted (Wallerstein, 1977) was positive relationships with siblings who were older than the preschool child.

The addition of a new step-parent as a comforting replacement for parental loss was, at times, a third adjunctive support.

In addition to environmental differences described by the researchers, it was determined that individual differences among

the children in the preschool sample may have aided those who coped successfully with the divorce. Overall, those children who were intelligent and perceptive were most able to make the necessary complex adaptations. They adjusted more easily to less frequent care-taking. They were more able to seek support independently outside the family unit and accept the reality of the divorce situation, comprehending that they were still loved by both parents. It was evident that these children were courageous in overcoming their emotional battles with grief, guilt, and fear of abandonment. It was suggested that the combination of early self-reliance and deep emotional pain that has been successfully integrated not only accelerates the movement of children into the next developmental stage of maturity, but also has a significant effect on character development. This was noted in the children who coped well with parental divorce in that they showed a positive self-concept and advanced ability to relate to both adults and peers (Wallerstein, 1977).

There are additional hypotheses about the developmental advantages experienced by those children who cope well with divorce. Psychodynamic theory suggests that the loss of the Oedipal father poses the threat of regression to a pre-Oedipal union with mother. This fearful possibility instigates a developmental surge forward as a defensive maneuver against these undesirable regressive urges. In addition, the child fears being left alone with a powerful Oedipal mother who, in the child's fantasies, can banish father from the home, as well as anyone else who might displease her. Accelerated independence

in the child can be viewed as an appropriate adaptation to receiving less care-taking from a busy, overtaxed custodial parent.

Another variation in interpretation of the developmental surge in preschool children who cope well has been presented by Solnit (1970). He suggests that perhaps these children have successfully mastered escalated aggressive impulses and channeled their energies outside the realm of family conflict. It is beneficial for professionals to be aware of this development surge in children who cope well with parental divorce. They can then assess whether or not such surges are genuine and well integrated or dysfunctional efforts leading only to pseudomaturity.

Developmental processes generally proceed in a successive pattern. Each child, however, develops in a unique manner. This same phenomenon holds true for responses to divorce in that children respond with varying degrees of intensity and differing qualities of reaction. It has been hypothesized that the determinants of these varied reactions could be related not only to the child's developmental status at the time of the crisis but also to the past experiences of the child. Subtle temperamental differences may also be influential (Hetherington, 1979). It has been noted that children with a past history of maladjustment are more prone to severe and extended emotional reactions to parental divorce than children at a higher level of cognitive and emotional development. This latter group will be better able to integrate the divorce occurrences (Wallerstein, 1980). In many cases, older children

and adolescents are better equipped to cope with parental divorce than their younger counterparts due to their more sophisticated developmental status.

Other research findings on the preschool child.

Mc Dermott (1968) also studied the effects of parental divorce on preschool children. He offers many findings that agree with those of the Wallerstein and Kelly research. Ten of the sixteen children in his sample (ages 3 to 5, from a non-clinical population) evidenced in their play an impairment in the ability to cope with anxiety and depression. This same 62% also displayed acute behavioral and management problems, as found from direct observation in the school setting.

Mc Dermott classified the responses of preschoolers to parental divorce into four groups. The "unchanged group" (N=3) showed highly developed adaptive techniques such as ability to process and master the separation experience through active play. It was also noted that these children tended to have the supportive involvement of both parents in the post-divorce arrangement. Both these findings concur with the Wallerstein and Kelly conclusion that children who cope best with divorce are those who possess inner resources as well as a supportive, nurturant, and stable post-divoce environment.

The "sad/angry group" (N=8) was deemed the most typical in Mc Dermott's sample. The predominant responses in this group were initial shock, anger, grief, sense of loss, and depression similar to those described in the Wallerstein and Kelly research.

Primary defenses of denial and regression were employed and manifested clearly in play behaviors. Children utilized their full body in regressive play and released aggressive impulses through primary sensorimotor gratification experiences such as smashing objects. Regression from human interaction to animal themes in play was also noted. Some children were caught in a cycle of depression that rendered them unable to play at all. This perpetuated their depression. Psychodynamic theory is utilized by Mc Dermott in considering the male child's reaction in the angry/sad group. He postulates that young boys defensively identify with their absent father who they fear is enraged with their victorious position of living with mother while father is excluded from the household. Boys who lose their fathers at The stage of Oedipal rivalry may experience intense guilt over their victory. They also become frustrated since they have lost the necessary antagonist onto whom all their aggressive fantasies were heretofore safely projected. The father figure, who provides a comforting feeling of control for the male child despite the ambivalent nature of the relationship, is no longer available.

The "lost/detached group" (N=2) were those children typically referred for mental health services because they manifested intense regressive symptoms such as: (a) soiling, (b) wetting the bed, (c) chewing on hair and other items, (d) sucking the thumb, and (e ) increased masturbation. Mc Dermott suggests that perhaps the divorce served as a catalyst for the display of more pervasive, long-standing

deficiencies in ego development that were previously well defended under less stressful conditions. He views these regressive behaviors as extremely severe. This conclusion is questionable, however, since similar regressive behaviors have been noted in children identified as psychologically healthy before parental divorce. The Children of Divorce Project is one such sample. A more viable explanation is that regressive symptomatology is a method some preschoolers utilize to cope with the traumatic experiences of the divorce of their parents. Clinicians need to recognize the adaptive significance of such regressive symptoms for the child. They command parental attention, which is essential to the healthy adjustment of the child. The clinician must also be aware, however, that such maladaptive mechanisms for gaining parental attention are prone to bring about undesirable secondary consequences for the child.

The fourth group, "the hidden problems group" (N=3) included preschool girls who manifested pseudo-mature behaviors as a means of coping with the upset occasioned by parental divorce. They used adult-like exclamations in their verbal expressions, continually scolded and lectured peers, acted bossy and quarrelsome, and expressed obsessive desires to dress like "grown-up ladies". Mc Dermott describes these behaviors in preschool girls as reminiscent of the adult hysterical personality and views such behaviors as a desperate attempt at overidentification with mother. In this way, the child hopes to solicit mother's love and support which are essential, especially after perceived rejection by the father.

The observations resulting from Mc Dermott's investigation highlight the preschool child's developmental preoccupation with the task of identification with parental figures. When divorce occurs, intense struggles with identification are quite apparent in boys, more subtle in young girls. These disturbances may go unnoticed or be denied by parents until symptoms are identified in the school setting. Mc Dermott reports a much quicker readjustment response than that found by Wallerstein and Kelly. He sees indications of adjustment beginning to emerge after 6 to 8 weeks of treatment. The Wallerstein and Kelly study revealed a prolonged, painful re-adjustment period for the preschool child extending a year and a half after divorce or longer, despite treatment intervention.

Finally, Mc Dermott suggests that it is not surprising that preschoolers manifest such intense reactions to parental divorce when one considers the complex psychological and developmental processes that coincide with the preschool years. It should be noted that the sex difference reported by Mc Dermott (1968) contradicts that previously reported by Wallerstein and Kelly. This contradiction demonstrates the importance of exploring a broad spectrum of research findings. Knowledge of these differences in research findings orients the clinician towards careful observation and interpretation of the specific symptoms manifested by each child in treatment.

Concurring with Mc Dermott in the application of psychoanalytic developmental theory to the study of children's response to divorce, Rosenthal (1979) comments on 24 preschoolers

between the ages of 2 and 4 referred for treatment of regressive behaviors, sleep problems, and aggressiveness manifested in response to parental divorce or sudden parental disappearance. Rosenthal reports that the child's reaction to parental departure during the Oedipal phase depends partly on the individual strengths of the child and the sex of the parent who has disappeared. He concurs with Mc Dermott (1968) that loss of the same-sexed parent exacerbates the guilt and retaliation fantasies which are common to the Oedipal phase of development. Absence of the opposite-sexed parent stimulates angry feelings towards the remaining parent, who is perceived as omnipotent. The child then feels guilty about his or her angry, destructive fantasies towards the remaining parent and becomes burdened with fear that these fantasies will destroy the remaining parent. These fears seem logical to the child in accordance with his or her magical mode of thought as he or she also fears having destroyed the departed parent through hateful Oedipal rivalry.

Rosenthal's findings concur with those of the Wallerstein and Kelly study (1980) which describes the preschool child as quite naturally egocentric. This self-centered focus includes for the child the belief that the disappearance of the estranged parent is a function of his or her own thoughts and wishes. The clinician must employ a realistic focus in treating the preschool child, remaining sensitive to the cognitive limitations of this age range. Rosenthal's observations emphasize the importance of addressing the grief and mourning process of the preschooler, rather than attempting to surmount his or her

cognitive limitations in grasping the realities of the divorce.

Bowlby's (1972) 3 stages of childhood mourning : protest, despair, and detachment, were noted in Rosenthal's sample of preschoolers. Detachment was particularly apparent in the situation where the remaining parent was unable to cope with the loss. The clinician must pay attention to the delicate interplay between parental reaction and the child's eventual adjustment or deterioration. A supportive environment is necessary for the child to overcome parental loss. This can best be provided through therapeutic intervention with the child in conjunction with involvement of the custodial parent. Research indicates that the need for involvement of the family is also crucial in the planning of treatment for the preschool child (Wallerstein & Kelly, 1979). Parents must be made aware of the child's needs for support, factual information, and a gratifying relationship with the remaining primary caretaker. The perceived psychological loss of a parent through divorce is a shocking, traumatic event and a good relationship with the remaining parent repeatedly emerges as a crucial element in the recovery from that loss. Children who are not in serious need of therapeutic intervention may also be aided indirectly through consultation with their divorced parents about aspects of the parent-child relationship which are essential to facilitate a healthy integration of parental loss.

Mc Grab (1978) feels it is necessary to take a developmntal perspective in the treatment of children of divorce. The

developmental tasks of the child conceptualized according to Erikson's (1964) scheme constitute a natural course of events which must take place regardless of familial status. Application of this perspective would suggest that the adjustment needs of the child become altered as the developmental tasks change. It is necessary that new patterns of parental relationships develop along with the child's changing developmental concerns.

Clinicians must be able to consider the possible facilitating or hindering effects of parental divorce on the mastery of the successive developmental tasks of childhood. The infant is in a state of complete dependency on the adult caretakers. The major developmental task is the establishment of a sense of inner and outer trust, which is achieved primarily through attachment to responsive adults (Mc Grab, 1978). Depression or poor adjustment of the adult caretaker during and after divorce can cause deprivation and neglect of the infant. This will, in turn, affect the infant's ability to establish basic trust. The focal point of intervention for the clinician when the child is at this young age is the parent. An infant's sense of deprivation when basic needs are not gratified cannot be mitigated by an understanding of the caretaker's upset mood. The infant will merely experience the environment as unreliable and himself or herself as powerless to evoke the response necessary to obtain gratification. As a result, he or she will be unable to trust both self and others.

Clinicians who engage children in treatment years after

a parental divorce has occurred must remain alert to any lingering effects of previous unsuccessful task mastery on the child's present maladaptive functioning. The toddler who is struggling with the task of "autonomy vs. shame and doubt" (Erikson, 1964) quite naturally manifests a high degree of separation anxiety. The clinician must recognize the significance for later childhood development of a loss experience through divorce, which compounds the difficulty of achieving autonomy. Many of the regressive behaviors reported by Kelly and Wallerstein (1979) and other researchers can be viewed as a fearful flight from the mastery of autonomy under conditions of forced separation.

The preschool child is concerned with mastery of "initiative" over "guilt". There is also a keen sensitivity to the approval and disapproval of other people, especially parental and other authority figures. Mc Grab (1978) concurs with previously cited research (Wallerstein & Kelly, 1975; Mc Dermott, 1968) that Oedipal dynamics which coincide with the time of parental departure from the home during preschool years can elicit much guilt and many self-punitive responses in the child who blames himself or herself for "shameful" thoughts and behaviors that are believed to have caused the parent to leave.

A prominent study by Hetherington, Cox, and Cox (1979) describes in detail the observed alterations in the play and social interactions of preschool children following divorce. Regressive play behaviors were reported both socially and

cognitively for boys as well as girls. These behaviors seemed to persist beyond the one-year follow-up period. In addition, all the preschoolers from divorced homes exhibited a high rate of dependency and help-seeking behaviors. After the two-year follow-up the notable disruptions in behavior had subsided somewhat for girls, but remained for boys. Boys were also observed to be treated more negatively by teachers and peers.

Hetherington, et al. (1979) describe the nature of regressive play noted in children of divorce. They address first the gradual developmental progressions in the nature of play. As play interactions mature, the quality becomes more social, co-operative, and dramatic. It involves fantasy and thus is more cognitive in nature. The union of the social and cognitive elements of play are referred to as "imaginative play". This level of play is easily affected by psychological stress. It is not surprising, therefore, that Hetherington notes an absence of imaginative play in children 2 months after parental divorce compared to preschoolers from intact families. The quality of play appeared to be less social, less constructive, and less co-operative. The themes of play in the divorced child population were constricted and narrow in focus. This can be explained as a regressive response to the stress of parental divorce. Retarded development in play due to the stressful conflict in a pre-divorce home is a second possible interpretation.

Social interactions, as observed in the school setting

by Hetherington, Cox, and Cox (1979), showed behavioral disruptions for both boys and girls. This persisted for boys at the two-year follow-up but subsided in the majority of girls. The quality of post-divorce social interactions was characterized by negative, non-verbal behaviors, increased attention-seeking from teachers and peers, more positive and negative physical contact, and increased fantasies of aggression. Comments of a verbally aggressive, abusive, or oppositional nature were common. Boys from divorced families attempted to interact socially more than girls. Their interactions, however, were usually too aggressive and thus met with rejection and avoidance by male peers. The researchers suggest that previous studies which report more feminine sex typed play behaviors in boys from divorced homes may be reflecting the adaptive strategy adopted by a male child of divorce after continued rejection by male peers. The male children of divorce tended to play more frequently with girls and younger children since this was most likely their only source of acceptance and entry into play groups. The aggressive behaviors in the male children of divorce tended to lack any instrumental or effective results for the child and were therefore often accompanied by much whining, crying, and dependency. Teachers were frequently sought out to reduce these ineffectual, aggressive releases and to soothe frustration. The clinician can become attuned to aggressive elements in the child's play and acknowledge the child's frustration which is released in anger. This provides a safe holding environment for the

expression of such anger and eventually helps the child to structure more organized play in which mastery over aggression will be experienced rather than futility.

The Hetherington study suggests that perhaps dual sex role standards, which still exist, influenced the teachers in the study to perceive boys as requiring less support than girls despite the stressful nature of the post-divorce period for both sexes. Two years after parental divorce boys were still rated more negatively than girls, even when behavioral observations did not support such ratings. These findings show how divorce stimulates human reactions that have the potential to cloud the objectivity of even child-oriented professionals and clinicians. These reactions, while understandable, must be monitored closely by the professional in order to prevent distorted interventions with children of divorce.

Many children of divorce unfortunately become indelibly labeled in the school as aggressive. Although in general it is not desirable for a child to change schools during the crisis period of parental divorce and the aftermath adjustment period, the Hetherington study sees a positive aspect to relocation and changing schools. A child may become progressively less aggressive as time passes after parental divorce. He or she may benefit from an opportunity to start with a "clean slate" rather than having to live down a previously negative image in the school setting. Opportunities for new peer relations can be increased in a new school and community setting. Moving, therefore, can facilitate positive growth in

some cases, despite the widely proclaimed desirability of keeping the child's environment as stable as possible.

In general, the post-divorce adjustment period is a prolonged and difficult one, with effects on the children that permeate their play, social interaction, and school performance. Longitudinal studies remind the clinician that the adjustment and coping styles of children emerge gradually and can either be helped or hindered. This depends largely upon numerous critical variables adjunctive to the core therapeutic process of integrating the parental loss.

Hodges, et al. (1979) conducted an observational study of preschool children of divorce in a structured and unstructured setting comparing them to controls from intact families. The findings of this research did not support previous observations of increased aggression in preschool children from divorced homes. Another surprising contradiction to much research was that frequent contact with the non-custodial father did not alleviate negative behavioral reactions in the children. The results of this study do not discount the findings presented previously but do question generalizations about the type and extent of potential damage to children resulting from parental divorce. Studies that show negligible effects of divorce on children serve as a reminder to professionals that the experience of parental divorce need not be detrimental to all children. It is as dangerous to attribute behavioral problems in a child from a divorcing family as due solely to the divorce as it is to allow traumatized children of divorce

to go unnoticed on the assumption that they will adjust easily and quickly to the event when, in fact, they are in need of support. It is likely that the experience of parental divorce taken alone is a significant life stressor. It may not be enough, however, to cause significant behavior and adjustment problems unless combined with other stresses such as strained family communication, successive relocations, financial difficulties, and poor coping responses by the custodial parent. Goode (1956) reported that only 18% of his sample of preschool children of divorce were described by their mothers as presenting a significant behavioral management problem.

There are limited data available on the population of preschool divorced children. This is the result of many factors including parental denial and hestitation on the part of the teacher to refer such youngsters for help. Young children are rarely referred for psychiatric treatment unless symptomatology is severe. Most people associated with children hope they will outgrow any maladaptive behaviors with the passage of time. It is imperative that clinicians too not make such an assumption. Each potential case must be assessed individually, using the clinical expertise that comes from a clear knowledge of the potential ramifications of the experience of parental divorce.

Nancy Schoyer (1980) emphasized the need for communication between parents, teachers, and the outside clinician. This suggests a role for the mental health professional in the community and school as a consultant to teachers who work

with children of divorce on a daily basis. Clinicians who prefer not to intervene specifically with parents and teachers concerning an individual child can indirectly buttress therapeutic intervention through generalized, informative, and educational presentations to groups of significant adult figures. Through these efforts, more appropriate referrals of children can be ensured.

## The Effects of Divorce on School-Aged Children

The California Children of Divorce Project yielded a two-part study by Kelly and Wallerstein (1976) devoted to describing the responses of latency-aged children to the divorce of their parents. This study notes that parents are often unaware of the spectrum of symptoms which may develop in a grieving, shocked youngster following one parent's actual physical departure from the household. The school-aged youngsters studied were divided into two groups, early latency (5 to 8 years) and late latency (9 to 12 years), based on the commonality of noted responses to parental divorce.

### The early latency child.

The first portion of the study focuses on early latency. It reports on a sample of 26 children all of whom displayed a pervasive sense of sadness and a striking awareness of their deep suffering and grief. Age-appropriate defenses of denial, fantasy, and reversal were unavailable to aid in assuaging the painful reality of parental divorce. Allowing awareness of the divorce to unfold gradually through the use of defense mechanisms, which would have enabled them to cope with the

trauma in small degrees, did not take place in these children. Furthermore, at their developmental level, ego integration was insufficient to permit them to rally their own support groups around them. The young school-aged child is still dependent on parents for emotional support, as is true for the preschool child. Unfortunately, the parents are usually consumed with their own emotional pain at the time of the divorce and are unavailable to console the child. The sadness of children in this age range is often accompanied by depressive themes of emptiness, loss, and fear of parental death or abandonment.

The visible reactions of children in the study varied from silent avoidance of the subject of divorce to verbal denial of their pain, yet underlying dynamics and fears were consistently similar. Divorce represented the destruction of an entire support system for the majority of children in the sample. Concerns about safety and normal development were common. The fear and strain of a broken home were often accompanied by sobbing and weeping. Many of these children shared a common frightful fantasy that they would somehow be replaced in their parents' lives by "another child" or a "new family". This fear was especially prevalent in boys. Girls often expressed what the researchers referred to as elaborate "Madame Butterfly fantasies" in which they voiced their obdurate belief that someday father would return to them as he loved them best of all (Wallerstein, 1980). There were only three children in the sample who reportedly suffered a

reactive disorganization and panic. In all cases this was related to either extraordinarily violent parental battles or the awarding of custody to the more rejecting parent.

Behavioral observation of the play of early latency children (Kelly & Wallerstein, 1976) revealed dynamic themes of deprivation and insatiable hunger often manifested in preoccupations with the attainment of material possessions such as toys, bicycles, etc. Reports on the youngsters from school and home described an increased possessiveness and difficulty in sharing with peers and siblings. This early latency group differed from the preschoolers in that the majority unequivocally denied any feelings of personal responsibility for the divorce. A wish for reconciliation of the parents was universal despite many children's experiences of witnessing bitter and severe marital discord.

The departure of the father was a considerable loss especially to the boys in the early latency sample. From a developmental perspective, Wallerstein and Kelly suggest that this perceived rejection so soon after the resolution of the Oedipal complex may be experienced not only as a loss of the mother through the child's own renunciation, but now total abandonment through the father's departure. The critical developmental task of identification with the father for latency-age boys may be seriously disrupted by the father's absence. All children expressed a dissatisfaction with the typical two-weekends-per-month visitation arrangements, wishing for more time with their fathers. In addition, all

the children were extremely defensive about their father's "abandonment" and perceived their father as having left them (Wallerstein, 1980).

A typical developmental need at the latency stage is for a father to provide discipline and protection and to serve as a role model. Many boys in the sample urgently requested that their mothers remarry to provide them with a new daddy. In addition, resurgent Oedipal fears of being alone with the mother were common in 8-year old boys, especially only children. The early latency age heralded the child's ability to express angry misperceptions directly to the mother for "causing the divorce" or "driving father from the home". It was suggested that this distorted anger expressed towards mother often served as a defense against the anxiety which accompanied resurgent Oedipal feelings.

The children in the early latency sample were helpless to defend themselves at times when parents utilized them as weapons to express rage and resentment towards each other. Numerous children would vent their anger through displacement when placed in such a role by directing this stifled aggression towards teachers and peers or throwing temper tantrums. Direct release of anger towards mother was less common than the suppression or diversion of anger for fear of antagonizing her. These fears originated out of the child's own fantasies of an all-powerful mother figure who had succeeded in driving father away from the home and might drive them out too. There is thus

a resurgence of Oedipal themes which, when experienced previously by the older preschool child, had launched them into a developmental surge towards latency. Many children in the early latency sample became fearful for their own security and did not challenge their custodial parent even on decisions with which they secretly disagreed. These children often found themselves in a pseudo-alliance with an angry parent as a means of appeasing the latter although they were internally quite conflicted and unable to totally reject the estranged parent. Wallerstein and Kelly suggest that this unwavering dual loyalty is a defense against the fear of regression to the Oedipal stage of love for one parent and hatred for the other.

The school behavior of early latency children after parental divorce was not always consistent with their behavior at home. Some children were able to derive gratification from the school experience while others suffered crying outbursts and poor peer relations. One half of the sample exhibited notable declines in school performance usually due to difficulties in concentration because of pervasive worry about parental rejection.

The 1-year follow-up revealed that the acute suffering of these children had subsided and resigned sadness had set in. The children still had some regrets that the divorce had occurred but they were able to accept the new family arrangements as final. This acceptance conveyed a sense of wisdom and a reality focus at a young age. In one third of the boys, reconciliation fantasies persisted but usually only when these were being

reinforced by one parent's open expression of such hopes, or when they were being used by the child to prolong denial of the painful reality. All children in this sample maintained loyalty to both parents, which brought about a sense of pride at managing this most difficult, delicate balance. It was concluded by the researchers that the enduring effects of divorce must be considered in the context of an entire chain of events involving the assimilation of parental separation and the eventual integration of a new family lifestyle.

The later latency child.

The second portion of the study conducted by Wallerstein and Kelly (1976) explored the common responses to divorce of children in the late latency stage, designated as occurring between ages 9 and 12. Although latency has been recognized as a crucial and formative developmental period (Erikson, 1959) there is a paucity of information on the parent-child relationship at this stage in comparison to other age ranges.

Some investigators describe the fragility of the newly formulated defense structures in latency (Sarnoff, 1971). Wallerstein and Kelly emphasize the importance of viewing the effects of divorce on latency-age children within a framework of what it means to lose the environmental continuity so critical at this stage of development. It is suggested that the traumatic aspects of parental divorce have the potential to force the latency child to remain inwardly focused on the family structure at a time in the developmental process when focus should begin to turn outside the home towards peers and

significant others. The divorce situation introduces uncertainties and discontinuity which upset the stability necessary for normal latency development. In some cases, however, alterations in parent-child relations offer new opportunities for growth and mature development in these youngsters.

The late latency children in the Wallerstein and Kelly study appeared much more poised and courageous at the time of the initial clinical interviews than did the younger children. They were soberly aware of the rapid changes in the environment and were attempting to cope with resulting stresses and conflicts in a rational and calm fashion. They effectively employed denial as a defense along with other coping mechanisms such as distancing, increased activity, and a willingness to seek help from a peripheral adult figure such as a therapist. Underlying feelings of loneliness, loss, rejection, and helplessness so obvious in the younger age groups, were less observable in the older ones. Extended session contacts with the children were necessary to help these feelings emerge. The researchers describe the latency children's modus operandi as a "conscious layering of psychological functioning" which enabled them to arrest and contain their deep emotional pain and to progress developmentally. An example of this emerging maturity was these children's ability to directly express their anger and pain to their parents, especially to the estranged parent whom they wished to see more frequently. These children

exhibited a significantly greater comprehension than their younger counterparts of the implications and consequences involved in divorce. Their more sophisticated ego functions, such as the understanding of time concepts, of reality, of past and future, seemed to assist these children greatly by tempering the impact of divorce and thus keeping it to a tolerable degree.

There existed for the late latency child some major, unique behavioral effects of divorce which were not previously noted in the younger children. The emergence of shame and lying to cover up the embarrassing behaviors of parents in the midst of the divorce process were first noted in this age group. These children also differed from the younger, immobilized, children in their play activity. They were much more active, energetic, and organized. They made play attempts to undo the undesirable parental separation. This organized play allowed a greater opportunity to "work through" conflicts and painful resentments. The psychological gratification derived from these creative play actions enabled many children to transform their pain into pleasurable achievement and mastery.

The most striking feature of the later latency children was their ability to adeptly communicate intensely angry feelings, as compared with the younger age children whose angry feelings were diffuse and vaguely expressed. Anger, at times, was expressed directly towards both parents. Frequently, however,

it was the parent who the children perceived of having initiated the divorce action who received the aggressive release, despite the child's having observed that parent being abused by the estranged spouse. The common modes of venting intense anger were temper tantrums, increased demandingness, and dictatorial declarations. Many children perceived their father's absence as a signal to release pent-up impulses previously kept in check by the now absent disciplinarian.

The task of identity formation and self-image delineation is developmentally dependent upon parental figures. Parents provide a template by means of which the child can compare the similarities and differences of the two parent figures. This results in a consolidated "like mother/like father" self-concept.

During a divorce, children in later latency often suffer a ruptured self-identity as a result of changed parent-child relationships. Children need their parents to provide external boundaries and control over angry, socially unacceptable impulses. When parents separate, late latency children experience a loss of this external support system. Previously repressed undesirable impulses surge into consciousness, often manifested in petty stealing and lying.

The fears of children in late latency were unlike those of the younger children studied. The former continued to fear

being abandoned or forgotten by both parents but also in many cases expressed a new concern for their parent's emotional and physical well-being. A fear of parental death was also prevalent.

Children in the later latency group began to exhibit a true sense of loneliness. This usually followed a mature recognition of their very peripheral role in the parental decision to divorce. These children demonstrated expectations for mutality in relationships with peers and adults. They clearly recognized the self-directed preoccupations of their emotionally wounded parents. From these observations, many children concluded that they were "on their own". A further component of the loneliness experienced in this age group arose out of the child's deliberate self-isolation from both parents in an attempt to refrain from "choosing sides". Wallerstein and Kelly (1979) describe the major conflict of the latency child of divorce to be one of divided loyalties. It is essential for clinicians to be aware of this dilemna. These concerns of the child add another dimension of complexity to the usual divided loyalties all children in therapy experience between their therapist and parents. An awareness of the child's position will enable the clinician to avoid a splintered loyalty experience for the child who feels caught between his therapist and two opposing parents.

A final symptom which first emerged in the late latency group was that of somatic complaints such as headaches and

stomachaches. These were often linked to parental visitations or skirmishes and were another overt behavioral expression of the anxiety and conflict experienced by the child when confronted with the tension of parents in opposition.

It is common knowledge that latency is a developmentally critical period for learning. Wallerstein and Kelly noted that exactly one-half of the children in their late latency group showed a decline in school performance, as did those in the early latency group. Late latency children, however, exhibited an accompanying deterioration in peer relations. Some behavioral patterns which emerged were: (a) playing out a behavioral role at school contrary to the one at home; (b) decreased ability to concentrate; (c) increased aggression in play interation; and (d) increased sensitivity to academic and social pressures inherent in the school setting. Most of these school-related difficulties had subsided by the 1-year follow-up investigation, in conjunction with the fading emotional reactions. Approximately one-half of the children seen at follow-up, however, had not recovered, and continued to show conflicted depressive behaviors and chronic maladjustment. This failure to adjust usually results in a conglomeration of persistent negative emotional reactions, increasing symptomatology, and the downward spiraling of relationships with peers and adults.

The final observations made by Wallerstein and Kelly concerned the changes in parent-child relationships. It appears

that one of three changes is most common as a result of parental divorce. Children at this age were either: (a) thrust forward into precocious, pseudo-adolescent behaviors; (b) able to acquire empathy and move towards increased genuine responsibility and maturity; or (c) thrust backwards into a lesser degree of separation-individuation than they had previously demonstrated. Children in later latency usually convey a sense of independence in their behaviors and attitudes. This becomes a major element in the changing parent-child relationship. This newly established autonomy places children in the position to accept, reject, confront, confirm, comfort, and forgive one or both parents as they view them from a more distant perspective. The reactions that children elect to display to their parents at this time have the potential to profoundly affect the parents by either reinforcing their self-esteem or evoking a sense of guilt in them. Many children, whose anger at one parent is shared with the other, bitter and angry parent, form an alliance with the latter for vengeful purposes. Unfortunately, in such instances a splitting of the child's perceptions into "good parent" and "bad parent" images usually takes place. Such splitting may impede future healthy psychological development.

Another aspect of the alterations in parent-child roles is the latency-aged child's increased capacity to empathize. Children of divorce can thus exhibit a keen sensitivity to the

needs of their parents and siblings. They can express a compassion which is most appreciated by parents at this time of profound psychological and emotional injury. Many divorced parents experience a paucity of supportive adult relationships and turn to their children for emotional support as well as advice and practical assistance in household and sibling care duties (Wallerstein & Kelly, 1976).

Other research findings on the latency-aged child.

Dorothy Cantor (1979) published a play written by a third grade boy that illustrates and supports many of the reactions to parental divorce reported in the Wallerstein and Kelly research (1976). The script reveals denial, bravado, courage, reaching out to others, conscious avoidance, and keeping occupied as methods used to cope with the painful realities of a divorced household. The most prominent corroboration of research findings was the fact that the 9-10 year olds in the play were indeed keenly aware of parental discord and marital disharmony. These children considered parental divorce to be a serious matter and perceived the reasons offered by parents to be trivial. The play indicated that children of this age viewed much of their parents' behavior as petty and immature. Anger at divorcing parents was presented openly in the play's script, as would be expected from the latency-aged characters age 7 to 11. Kalter (1977) had noted a particularly high incidence of aggressive behavior after parental divorce in latency-age boys. In the script, children were

outraged at parental bickering, cursing, etc. and attempted to control and admonish parents to refrain from such altercations. The script also captured the vague, inadequate quality of the explanations typically offered by parents. It also depicted parents' envelopment in their own emotional pain, and the feeble but comforting effects of sibling mutual support in this time of crisis.

The quality of the spousal relationship can dramatically affect the child's potential adjustment to divorce, especially during this developmental stage of heightened sensitivity to issues of social reality. The separation of parents threatens to destroy the primary bond between parent and child. Parental relationships and roles must be redefined. The child's prior concept about the permanence of relationships has been assaulted and thus must be addressed. Re-arrangement of family relationships and their integration at a new level of understanding is necessary. This takes time and emotional energy away from the child's pursuit of the normal developmental tasks of latency. Such tasks include mastery of schoolwork and social relationships with peers (Hess & Camara, 1979). The developmental task of "industry" (Erikson, 1964) calls for mastery of academic and social skills, and provides a distraction outside the troubled home for the child who would otherwise be consumed with the burden of integrating the changes that result from parental divorce (Wallerstein & Kelly, 1976). Mc Grab (1978) suggests that the drive for achievement in children may be hampered by anxieties and fears. Some children may find it too difficult

to focus their attention outside the home when family chaos compels them to fixate on the conflict in the family unit.

It is not uncommon for children who were previously good academic performers to begin failing in response to news of parental divorce (Krantzler, 1975). Declining school performance and peer relationships have been reported by Rohrlich, Rainer, and Berg-Cross (1977) in 50% of their sample of 9 and 10 year-olds from divorced homes. The Hess and Camara study (1979) reported that divorced children ages 9 to 11 showed much stress and aggression plus less productive workstyles. It is interesting to note, however, that in this particular sample social relations with peers did not appear to be negatively affected. These researchers noted an unexpected overlap in the behaviors and areas of deficiency for children from both their divorced and intact family groups. This further corroborates that the individual characteristics of children and the quality of the parental relationship are extremely influential mediating factors in a child's eventual adjustment to divorce. Parental discord was identified as a causal factor in children's stress levels but not as critical in determining the outcome for the child as the quality of the parent-child relationship. Children of divorce in this sample who experienced positive relationships with both parents scored low on stress and aggression ratings and high on ratings of work effectiveness and social interactions with peers. When negative parental relationships were reported, the effects on the children's functioning were severe. This study demonstrated that the

existence of even one positive parental relationship had astoundingly beneficial effects on the child's eventual adjustment.

Mc Dermott (1971) compared 116 children of divorced parents up to age 14 with children in the same clinic population who came fron intact families. The predominant symptoms for the children with divorced parents were of an "acting out" nature, as opposed to a more general composite of neurotic symptomatology in the children from intact homes. These acting-out symptoms included behavioral problems at home and at school. Mc Dermott's impressionistic case reports noted the prevalence of covert depression in the children manifested in fatigue, accident-proneness, and disregard for personal safety. Aggressive trends were also common.

According to Eriksonian developmental theory, the latency child's primary struggle is between "industry" and "inferiority". Erikson (1964) depicts the central concerns of childhood at this time to be achievement and the development of self-esteem through mastery. Play interactions of the latency child typically display this paramount issue of mastery through the demonstration of physical prowess in sports and facility in social interaction. School curricula reflect this same emphasis, by pressing for scholastic achievement, successful mastery of academic skills, and exhibition of intellectual abilities. The very nature of this phase of development lends itself to the emergence of low or high degrees of self-esteem, depending upon the child's experiences of mastery or failure. It has been proposed (Toomin,

1974) that children who view themselves as having failed to keep their parents' marriage together or as having little or no control over the divorce process (Mc Dermott, 1970) develop a helpless, negative self-perception which fosters low self-esteem.

Clinicians report that family disruption is experienced with extreme embarrassment by the latency-aged child, especially when teachers, peers, and other significant people in the now-expanded reference group of the child are aware of the family trouble (Gardner, 1956; Wallerstein & Kelly, 1979). This embarrassment often generates self-consciousness, as do constant court battles over child custody after parental divorce (Cline & Westman, 1971). Children who witness continual parental feuding and mutual denigration begin to perceive themselves as possessing the same negative characteristics as their parents (Robinson & Williams, 1973). This hampers the development of self-esteem. Thus, low self-esteem is a logical clinical expectation for children referred for treatment from divorced homes.

Berg and Kelly (1979) present contrary findings, reporting no significant differences in the measured self-esteem of children of divorce when compared with those from intact families. These researchers suggest that low self-esteem is a variable which can be more easily masked by a research instrument like the self-report questionnaire used in their study than by a clinical interview. It seemed from their study that the children who possessed the lowest self-esteem were primarily those who

viewed their family as "undesirable", regardless of parental marital status. It is postulated that children with divorced parents experience an elevation in self-esteem if the divorce circumstances remove them from a conflicted family environment.

It was suggested that children who endure prolonged court battles between parents experience decreased self-esteem due to the adversarial nature of the legal decision. The court determines one parent to be "worthy" of custody while the other is deemed "unfit" in many cases. Negative ramifications are inevitable when one considers the child's identification with that "unfit" parent.

In general, traumatic experiences in the lives of children have been found to be unrelated to their self-esteem. Although the traumatic effects of divorce had not yet been investigated in that regard, it was suggested by Coppersmith in 1967 that the adjustment of children to traumatic events was often directly related to parental adjustment. In terms of the divorced parent-child relationship, it has been postulated that a child's level of self-esteem is less correlated with the quality of the parental relationship or the length of time spent in a single-parent family than with the regularity and frequency of contacts with the non-custodial parent (Lowenstein & Koopman, 1978). The available research to date suggests that a continued positive relationship with the estranged parent is a big factor in the child's adjustment (Hetherington, Brandwein, Brown, and Fox, 1974). Lowenstein and Koopman (1978) suggest that reasons

for this may be that the child may feel less rejected and hence still lovable. In addition, non-custodial parents who keep in touch regularly are more likely to remain a source of financial as well as emotional support to the custodial spouse. This indirectly aids in maintenance of the child's self-esteem because the custodial parent is less pressured and more able to perform parenting duties effectively when not perceiving her/himself as alone in child-rearing responsibilities.

Lifshitz (1975) proposes an evolutionary model of self-concept development in children. The child embarks upon a process of successive comparisons of himself or herself to the parents. Lifshitz suggests that children having had the experience of parental divorce tend to compare themselves more with their custodial than non-custodial parent. Parish (1981) has conducted research that bolsters Lifshitz's hypothesis, finding that students from intact families had self concepts highly correlated with their evaluations of both parents whereas children from divorced homes had self concepts correlated with their evaluations of the custodial parent. For clinical use, the most valuable information extractible from the various studies is that there are many variables of the divorce process which may either enhance or damage the self-esteem of the child. These variables may not affect all children of divorce in the same way, therefore, they must be assessed on an individual basis when conceptualizing the treatment needs and goals of each child.

## The Effects of Divorce on Adolescents

### The teen-age years.

The final developmental-stage response to divorce studied by Wallerstein and Kelly (1978) was that of the adolescent (13 to 18 years). These researchers describe the normal developmental characteristics of the adolescent stage as showing great fluctutation between independence and regressive dependency. A stable family is necessary to replenish the adolescent's tenuous identity structure and self-esteem (Wallerstein & Kelly, 1980). He or she alternately moves away from and returns to the family unit for refueling, which then makes possible further excursions away from the nurturant family circle until increased levels of independence are gradually achieved. Adolescents in this study who were interviewed about the divorce of their parents reported feeling deprived of the secure home base from which they had previously drawn much needed reassurance during turbulent teen-age periods. During the divorce process the parents' own needs frequently were of more concern to them than their adolescent's struggles. Many teens felt deprived of the time they needed for developing independence at a comfortable, unpressured rate. They also felt deprived of leisure time. Divorce at this age either sparked a rapid and successful development into young adulthood or stifled independence strivings bringing the normal maturation process to a standstill.

Adolescents experienced tremendous anxiety over parental divorce. A contributing factor to this increased anxiety was

the absence of parental control, discipline, and structure at a time when normal increases in sexual and aggressive impulses threatened a breakdown in self control. The realization that parents were not the sexless beings adolescents had typically perceived them to be was most shocking for this age group. Parents' frequently increased sexual activity with new partners became apparent to the adolescents. In many cases these new partners were considerably younger than the parents causing much sexual excitation, embarrassment, anger, envy, and rage in the adolescents. Newly liberated parents found themselves with many concerns similar to those of their adolescent offspring, such as considerations about vocational, sexual, and lifestyle choices. This seemed to narrow dangerously the perceived generation gap, thereby causing adolescents to feel a sense of competition with their parents. The reported adolescent response to such circumstances was a feeling of desertion and betrayal. This age group expressed a desire for strong, reliable parents who could be supportive in their times of adolescent crisis. They were quite aware of the unstable psychological condition of their parents and felt resentful and anxious about having to minister to these needy adults when they themselves were in a vulnerable and tumultuous stage of development. The usual major concern of the adolescent period is that of preparing for sexual and marital relationships. Teen-agers whose parents' marriage had failed manifested worry about their own future relationships and showed a fear of marriage.

Wallerstein and Kelly reported that the mourning experienced by adolescents during the divorce process resembled quite closely the normal grieving process one undergoes after the death of a loved one. Fond memories of the intact family were discussed in a reflective, saddened tone, and a profound sense of loss was revealed. Anger was a second prevalent emotion which manifested itself in one of several ways such as lecturing or admonishing parents, describing parental behaviors as childish, immoral or selfish, behaving mischievously towards new suitors, etc. Anger was often employed as a defensive maneuver to combat a sense of powerlessness and vulnerability. Most of the adolescents in the sample perceived their parents as selfish for considering divorce during their children's teen-age years, despite recognition of the strained parental relationship.

A developmentally typical belief of adolescence is that the parents as a unit hold views of life diametrically opposed to those of their children due to generational boundaries ("being old"). After parental separation, the adolescent is forced to view each parent as a separate, unique individual. This is partially responsible for the often drastic changes in the perceptions of parenting figures in the teen years. The age-appropriate tendency for adolescents to perceive people, life, and events from a dichotomous standpoint often results in their isolated focus on some positive or negative trait of each parent. An unfortunate result of this tendency may be the idealization of one parent and debasement of the other.

Many parents may turn to their teenage children for support after a divorce. This induces a sense of conflicted loyalty and allegiance in the adolescent. A difference in the adolescent group from the younger age groups was that once an alignment had been established with one parent by the adolescent, an undivided allegiance became crystallized. A negative result of this was that many parents and children lost contact with each other. By "choosing" one parent, however, the teen-ager often became disengaged from painful loyalty battles. By the first year follow-up, despite the intial depression, guilt, and despair involved in having to make such a choice, concerns about loyalty had frequently subsided.

The Wallerstein and Kelly research on adolescence (1978) reports some positive findings about the effects of divorce in this age group. These are worthy of considerably more emphasis than has been provided in past literature reviews. Adolescents with the experience of parental divorce exhibited a strikingly impressive and highly developed sense of emotional and intellectual maturity. They demonstrated efforts towards insightful self-examination which often fostered sensitive and wise conclusions. The divorce experience appeared to have sparked a flame for awareness and self-improvement that was both admirable and rare, even at adult levels of development. The majority of adolescents were able to formulate mature standards for their own relationships. They possessed a clear sense of the directions in which they would like future relationships and family life to develop. Another positive growth initiated by the divorce was an increased

maturity in relation to financial matters. This emerged once the initial anxiety and anger about financial deprivation had subsided.

One-third of the population of adolescents were capable of recognizing the unhappiness and needs of their parents at this traumatic time. They were able to move directly into a helping role of dependability and shared responsibility. A smaller percentage of teens reacted with a self-absorbed aloofness at the time of the initial break-up but developed a more empathic and mature attitude by the end of the first year. This initial "strategic withdrawal" response was viewed by the researchers to be a normal defensive maneuver employed to reduce intolerable stress and anguish. It enabled many teens to maintain developmental progress until a future date when they were able to handle the external turmoil in their own way.

There was mention, however, of negative effects of divorce on the adolescent age group which also must be noted. Approximately one third of the group studied by Wallerstein and Kelly responded to the crisis with attempts to separate themselves from the family and parents in maladaptive ways. These included establishing reckless, all-consuming social lives and haphazard sexual activity. Children referred for treatment at this time often come with presenting problems of pseudo-adult behaviors such as premature sexual activity without age-appropriate love and intimacy. Increased drug and alcohol involvements called for extensive psychotherapeutic treatment or crisis

intervention in another faction of these adolescents. Many teen-agers exploited the decreased parental supervision which usually ensues after divorce due to parental pre-occupations with their own pain and difficulty in formulating a new lifestyle. The adolescents retreated to drugs and alcohol in an attempt to dull the painful realities and adjustments which parental divorce entailed.

An opposite response to intense rebellion was a regressive postponement of entry into adolescence. Temporary regressive actions such as playing with younger children, with more childish toys, or staying at home closer to the custodial parent were not uncommon in the sample. This temporary regression did not seem to have many severe effects on the normal developmental processes of these adolescents, provided the symptoms did not persist. A more severe regression proved detrimental to satisfactory adolescent development. This occurred primarily in instances where a parent's demands and neediness coaxed the child to abandon all age appropriate relationships and activities. The parental expectation in these cases was reminiscent of infantile stages of development in that they wanted an exclusive relationship with their teenager.

Developmentally, parents play a crucial role in the formulation of their offsprings' beliefs, morals, and values. After divorce, parents may no longer pretend to live their life according to the prescribed ideals previously instilled in their children. This sudden switch introduces an element of

farce into values held by the adolescent and may lead to severe anxiety, regression, and sometimes even suicidal gestures. A particularly poignant quote depicting this state of anomie was provided by Wallerstein (1980) as follows:

> "The beliefs which gave me the ability to deal effectively with life were blown apart for me by my Dad's behavior (an extramarital affair). I felt like I was taking a leaking boat, namely me, into the storm".

Other research findings on adolescent responses to parental divorce.

Another investigation into the characteristic reactions of adolescent boys and girls to parental divorce was conducted by Reinhard (1977). This study attempted to examine which reactions were most common among white, middle-class adolescents. Many previous researchers (Ackerman, 1958; Burgess & Locke, 1953; Harsh & Schrickel, 1959) had viewed the family as an imperative and primary source of emotional, social, and cultural learning. It seemed only logical to expect that disruptions of this crucial instructional matrix would significantly and adversely affect child development in these areas. The Reinhard sample consisted of adolescents (12 to 18 years) matched on intellectual, educational, and socio-economic levels. An extensive questionnaire consisting of 99 times was administered to 46 adolescents, which yielded surprising results when compared with the general beliefs expressed in the developmental literature. By the age of adolescence, no reported significant difference between boys and girls was noted in their reaction to the loss of a parent. These results

challenged the major tenet that the influence of the same-sex parent is essential for the achievement of a proper sex role identification by the child. Male reactions to living with a custodial mother were identical to those of female adolescents, despite the loss of the previous male role model (the father). There was also no significant difference in the acting out behaviors of adolescent boys and girls in this study.

The questionnaire was deliberately designed to tap many expected responses to divorce mentioned in great detail by Wallerstein and Kelly (1980). It is interesting to note that under these experimental conditions many of the reactions previously reported in the clinical lierature were not substantiated. Anger at the parent's decision to divorce was denied as was the suggestion that the divorce may have been an immature solution to the marital conflict. Unpleasant feelings of rejection by either parent were not disclosed and a feeling of loss of a love object was not affirmed. Almost all the adolescents gave a negative response to questions asking about feelings of embarrassment or attempts to conceal the divorce from peers. The responses offered by this sample of adolescents denied an increase in anti-social rebellious activities and the idea that parents had disregarded their feelings in making the decision to divorce. This group did not admit to any need on their part to mediate between parents or any feelings of competition with their parents.

There are several explanations for the differences in results obtained by this and the Wallerstein and Kelly studies. One such explanation is the significant difference between experimental approaches and the clinical interview format of data gathering. In addition, the self-report nature of this questionnaire allowed subjects to be aware of the emotionally-laden content being studied. This enabled them to regulate the depth and accuracy of information and honesty they wished to disclose. It is possible that the personal nature of the questions fostered defensiveness and a desire to conceal certain vulnerabilities related to divorce by denying expected affects. In spite of these contradictions, some agreement with Wallerstein and Kelly was noted in areas such as the adolescent's expressed sadness over the divorce situation. Teens did attest to a much more mature and realistic perception of both parents, an increased ability to be self-reliant, and an increased sense of responsibility to the household, family unit, and custodial parent since the estranged parent's departure.

The Reinhard study is a clear example of the need for cautious interpretation of divorce research results. The nature of the topic creates a plethora of confounding variables beyond the control of any one research study. For example, the Wallerstein and Kelly (1978) perspective would view the absence of self-reported upset in the Reinhard study as corroborative of their clinical impressions that denial is a primary defensive strategy of the adolescent. They describe detachment

and strategic withdrawal as commonplace adolescent methods of coping with parental divorce, and would hypothesize that this is what was being inadvertently measured in the responses to the Reinhard research questionnaire.

Young (1980) conducted a program evaluation of a mandated workshop designed for adolescent children of divorce. He noted that only 17.4% of his referral sample initially wished to attend the sessions. This appeared to confirm the adolescent style of strategic withdrawal and detachment. Young reported, however, that 60% of those who completed the program responded that they would come again and 72.8% were "rather pleased" or "very pleased" at the end of the workshop. Those teens who gave positive ratings designated the general supportive process of the workshop as most important to them. Further research would be needed to objectively determine what specific aspects of the workshop were most helpful or whether cognitive dissonance effects were instrumental in the positive ratings given by the teen-age subjects who had been obliged to attend. Regardless of this unanswered question, it is crucial for the clinician to recognize that the intial denial and resistance of the adolescent may not be an accurate indication of his or her need or desire for supportive therapeutic intervention.

A thorough account of the psychological effects of divorce on adolescents given by Sorosky (1977) reveals that parental divorce quite often comes as no surprise to the teen-ager. The preceding months or years of tumultuous parental relations are not easily concealed from the children of the marriage

(Despert, 1962). In many cases the announcement of divorce may be perceived by the adolescent as a relief from the familiar marital tension in the family. The younger adolescent seems more likely than the older to respond to parental separation as a loss of love and personal abandonment. He or she feels guilty and struggles more with the integration of ambivalent feelings towards one or both parents. The older adolescent has been described as better able to employ a realistic perspective in coping with parental divorce. This tempers feelings of responsibility and guilt about the parental separation. It seems that the older adolescent appears more mature to the parents so that they are more inclined to offer him or her explanations for the marital conflict. Knowledge of the true difficulties in the marriage further decreases a teen-ager's sense of personal responsibility for the parent's welfare. This worry, if too intense, becomes an additional burden to the adolescent, who is still struggling with many of his or her own developmental concerns (Sorosky, 1977). One developmental task inherent to adolescence is that of breaking away from family ties to establish a sense of independence. If the pressure to separate from family ties is counteracted by expectations at home or self-expectations to fulfill the role of the absent spouse in the family unit, the teen-ager may feel an overwhelming sense of conflict and responsibility (Novak, 1982).

There are many routine conflicts in the adolescent developmental period which the clinician must be aware of in treating adolescents of divorce. Sorosky (1977) divides these into two categories entitled intrapsychic and external-environmental conflicts. The intrapsychic conflicts consist of emerging identity concerns and the acceptance, control, and expression of aggressive and sexual impulses. Mc Grab (1978) employs an Eriksonian framework in describing the adolescent struggle as one of "identity" vs. "role confusion". The adolescent becomes consumed with the task of constructing a framework of values and beliefs which will aid in the process of self-definition and the attainment of independence. External-environmental factors consist of parental demands. If these successfully stifle the teen-ager's resistance to parental control during this time of budding independence, role confusion will ensue that is both developmentally and psychologically crippling to the offspring. The distorted perception of being required to fulfil an absent parent's role or to become the caretaker of the single parent depletes the energy needed by the adolescent to become a separate, fully-functioning young adult. It has been reported that, at times, a collusion between parent and teen-ager may exist which induces the child to adopt traits of the estranged parent. This is often an unconscious pact between the teen-ager and the custodial parent which permits the old fighting to continue. The ensuing parent-child battles bear a strong resemblance to the previous marital altercations (Mc Dermott, 1971; Anthony, 1974).

The adolescent is filled with aggressive impulses which require external controls. Parents represent one of these control resources. Parents who become permissive out of fear of losing their teen-ager to the opposing spouse, are usually doing so out of their own preoccupations with the divorce trauma. This creates an extreme sense of insecurity in the teen-ager (Sorosky, 1977) who requires limit-setting so he or she can proceed to test these limits. The administration of appropriate rewards and punishments is critical to help teen-agers develop an awareness of their own impulses and methods of self-control. For the teen-ager, the limits set by parents are violently resisted but also perceived as a sign of affection, caring, and involvement. Absense of appropriate disciplinary action only complicates the anxiety teen-agers already experience due to their own developmental struggles. Many adolescents of divorce are described as irritable or having a "chip on their shoulder". Mc Dermott (1971) suggests that such behavior represents the familiar defense maneuver of identification with the aggressor. In such instances the real or fantasied angry aspects of the estranged parent are incorporated by the child as a means of handling the loss of this parental figure.

In addition to aggressive impulses, sexual urges peak in adolescence. This involves a resurgence of previous Oedipal feelings. It has been suggested that the departure of the father from the home is perceived by a teen-age daughter as a sexual rejection (Sorosky, 1977). This is likely to bring about insecurity over her emerging sexuality and young adult

identity. Boys in the teen years may become particularly anxious if, after parental divorce, they are thrust into the role of "new man of the house" which holds Oedipal implications of intimacy with mother. Parental sexuality often becomes obvious to the adolescent in a divorce situation due to the initiation of dating by the parents. This revelation demolishes the previously comforting illusion of parents as safe, sexless objects serving as a base from which the teen can work out his or her own sexual conflicts. Recognizing the sexual aspects of parents adds to the pressures of resurgent Oedipal conflicts. Adolescents enduring such pressures respond either by becoming overly moralistic and withdrawn or by attempting to liberate themselves from their doubts and confusion via sexual promiscuity. Parents who are indiscreet in talking about the sexual inadequacies of their estranged spouse may induce sexual acting-out in their teen-agers as a counterphobic attempt to defend against the latter's own anxiety about possible sexual deficiencies similar to those of the departed parent.

Conflicts typical of the adolescent years center around issues of dependency vs. independence, peer acceptance, social approval, and concerns about a future adult lifestyle. The parental divorce experience can intensify these conflicts or suppress their expression and eventual resolution. Early attempts at premature mastery resulting in pseudo-adult behaviors (Sorosky, 1977) are also common responses to parental divorce. The adolescent's fear of remaining dependent is rooted in a recollection of all the positive and negative aspects of

earlier stages of dependency. The vacillation of the teen-ager between dependent behaviors and adamant self-assertion is reminiscent of early separation-individuation conflicts (Blos, 1962). The process of detachment from family ties induces an extreme sense of loss and isolation. The sadness which is a more normal response to separation from parents in adolescence, combined with the actual loss of one parent by divorce, may overwhelm the teen-ager leaving him or her to feel as if he or she had been intentionally deprived of love. The adolescent typically responds to these feelings of deprivation either by accelerating autonomous strivings to the point of reaching a pseudo-mature state of individuation or by clinging to the home environment and forsaking the normal adolescent tasks of disengaging from the family unit (Sororsky, 1977).

The social concerns of adolescents are focused on sexual attractiveness and acceptance by peers. Financial deprivation in the single parent home often alters the status and popularity of teen-age children in their school environment. It becomes quite embarrassing when the teen-ager no longer has the spending money and resources he or she once did. The necessity of relocation to a new school creates an additional re-adjustment problem for many teens of divorcing parents. This is due to the loss of security provided by a familiar peer group. Many teens conceal the divorce of their parents for fear of peer rejection or ridicule. They seek out adolescents in similar circumstances from whom to draw support and validation.

Major decisions about future life goals, college, and/or vocational choices are topics which optimally involve parental guidance. Absence of parental involvement in these looming decisions creates in the adolescent a sense of anxiety, neglect, and abandonment by the parents.

It is not uncommon for adolescents to become preoccupied with servicing the estranged spouse, especially when the latter's single lifestyle evokes pity in the child. This is commonly noted between teen-age daughters and their fathers. A daughter may become involved in cooking meals and performing various household tasks for the father to the detriment of her own development. She becomes unavailable for social experiences with peers which would foster her personal independence and maturity. It is particularly difficult for the parent to be aware of the negative aspects of such royal treatment, especially since it often assuages the intense loneliness and emptiness experienced after divorce particularly by the non-custodial parent (Sorosky, 1977).

The dating and remarriage of parents are potentially difficult events for the adolescent to handle. It is not uncommon for unresolved anger at the estranged parent to be projected onto a step-parent or suitor of the custodial parent. Teens often employ manipulative techniques to pit one parental authority against the other or to induce jealousy in one parent through announcements about the other parent's romantic involvements. These actions are typically done less out of a diabolical plan to make trouble than out of an effort

to defend against feelings of helplessness and vulnerability. It is crucial for clinicians to assess the level of each parent's involvement with his or her child as this provides clues about some of the reactions and feelings a teen-ager in treatment may be experiencing. Parents can be taught how to maintain firm, clear delineations between adult and adolescent roles. Remarriage requires that parents allow ample time for the adjustment of younger children and adolescents to a new authority figure. The remarried parental duo must realize that the children may wish to maintain an attachment to their natural estranged parent. Adoption is a viable alternative for many remarried families, but caution should be used by first making sure that the teen-ager has not agreed to the adoption as a method of taking revenge on the estranged parent. In such cases, significant guilt would later arise as well as increased confusion about identity in an adolescent already struggling to define himself or herself. Younger children and preadolescents by contrast, more frequently view adoption as a positive step towards a clearer family identity and the establishment of an intact household in which they can become fully involved.

The initial reaction of the adolescent to divorce is grief associated with guilt. This is often an attempt to defend against the more terrifying realization of how little control he or she has over the family environment (Wallerstein & Kelly, 1978). Later responses include shame and resentment. A defensive coolness emerges in the adolescent which can be dissolved over time if handled properly in treatment (Sorosky, 1977).

Anthony (1974) discusses a "neurosis of abandonment" in response to parental divorce which causes the teen-ager to approach all new relationships, apprehensively due to fear of a repeat experience of painful rejection and loss of love.

Ganong (1981) states that although the research is limited, an apparent connection has been found between marital relationships and their effects on the expectations and attitudes of teen-agers towards marriage, divorce, and parenthood. He studied adolescents aged 15 to 17 from single-parent, remarried, and intact families. No sex differences were found in the adolescent sample in response to parental divorce. Females did, however, have a more positive attitude than males towards marriage in all family types while males from reconstituted families felt even less favorable towards marriage than males from intact or single-parent families. It appeared that for females, the influence of personal family structure was less critical than for males. Wallin (1954) reports similar results and suggests that perhaps teen-age girls view marriage as a more essential component of their adult life than do boys. Teen-age girls from an environment of parental marital distress would thus still be more likely to resist an adverse perception of matrimony than their brothers.

Ganong's three groups (1981) did not differ significantly in attitudes towards marriage. This suggests that culturally stereotyped marital roles are incorporated by all adolescents regardless of their personal exposure to negative familial situations. Those teens with divorce experiences in their

personal lives introject societal myths to replace the absent evidence of positive marital relations in their own family system. In addition, an "American family mythology" is perpetuated by the media, schools, religious groups, and political institutions. Teen-agers, both male and female, are steeped in this mythology before they emerge into more independent roles in their surrounding environment. They begin to read more, watch more adult television programming, become actively committed to religious affiliations (through confirmations, bar mitzvahs, etc.), and are generally more sensitized to the prevailing attitudes of the existing adult culture than in their childhood. This undoubtedly occurs even more frequently than adults realize. Only a slight difference was noted between groups in terms of perceived motivations for marriage. Teens from intact homes felt that love and companionship were the primary motives for matrimony, whereas teens from reconstituted and divorced families identified loneliness and a need for security as major factors in seeking a marriage. Adolescents from divorced, single-parent families regarded sex as another factor favoring marriage, while teens living in remarried families felt that people often marry because "they have to", suggesting that they view marriage as a no-choice situation. More cynicism was expressed by teen-agers from reconstituted and divorced families about why people marry. Other than these differences, the overall attitudes of adolescents towards marriage remained unaffected by parental marital success or failure.

The behaviors manifested by adolescents affected by parental divorce cover a wide range. Sorosky (1977) cites abuse of drugs, truancy, academic decline, aggressive/sexual acting out, and group delinquent behaviors as some of the common behavioral problems seen. There is, however, no direct causal link between these actions and parental divorce in all cases. Neurotic conflicts may be found to constitute the presenting symptoms in many adolescents of divorce. Some of these include obsessive-compulsive actions to purge guilt, separation fears manifested in school phobia, anxiety reactions, psychophysiological disorders such as eating disturbances, and a variety of psychosomatic conditions. In some rare and unfortunate cases, psychotic symptomatology centering around experiences of depersonalization, schizophrenic reactions, and possible suicidal gestures have been reported (Sorosky, 1977). In general, it cannot be assumed by the clinician that parental divorce is the sole precipitant of these referral symptoms and/or maladaptive behaviors, since no direct causal link has been established between the emotional problems in children of divorce and the divorce itself. However, the likely influence of the parental divorce on maladaptive adolescent behaviors must not be disregarded.

Suicidal behavior.

Krieder and Motto (1974) cite cases of parent-child role reversal after divorce and its relationship to adolescent suicide. They define role reversal as a two-party interaction involving manipulations by both the parent and the teen-ager.

The fulcrum of this see-saw relationship is the unmet dependency needs in both parent and adolescent. As the system evolves, unmet dependency needs in the parent are ministered to by the teen-ager through his or her assumption of the parental role. This includes rendering advice, support, and nurturance to the parent. This phenomenon is most common with adolescents because their age makes them appear more capable than younger children of providing these services to the needy parent. The suicidal potential enters the system when unmet dependency needs of the adolescent conflict with the pseudo-parental role he or she has assumed. The adolescent reacts to this trap with a hostility which he or she is unable to direct out towards the parent. This anger is then punitively focused inward, often resulting in suicidal behavior. All of the cases presented for discussion in this study were single-parent family situations at the time of the suicidal gestures. The sample was much too small (N=3), however, to allow for any definite conclusions. The clinical hypothesis posed by Kreider and Motto is that suicidal behaviors are a manifestation of a teen-ager's wish to escape from the parenting role. The researchers based their hypothesis upon consideration of the resultant consequences of suicidal behavior for the teenager. These included hospitalization, foster care, and death, all of which removed the adolescent from the parental role. Adolescent suicide attempts are seen as moves to re-establish the adolescent role and force the parent to address unmet dependency needs of the teen-ager.

The researchers do comment that not all role reversal relationships result in suicidal behaviors. They note that somewhat less intense varieties of such a relationship can even provide the teen-ager with positive feelings of being needed, worthy, and important in the parent-child dyad. It is reported that this type of relationship usually occurs between the parent and his or her most favored child.

An unrelated study which researched adolescent suicide rates on an Indian reservation documented the fact that 50% of the subjects in the suicidal group had experienced two or more childhood losses through desertion or parental divorce, while only 10% of the control group had experienced such losses (Dizmang, Watson, May, and Bopp, 1974). The suicidal group was described as experiencing intense familial chaos and disruption in the early, formative years of childhood. The findings of this study further bolster the idea that satisfaction of the teen-ager's residual dependency needs is crucial for parents to address.

Delinquent behaviors.

A second behavioral reaction to divorce of major concern during the adolescent years is delinquency. Robinson and Williams (1973) suggest that separation by divorce may pose a danger for the development of antisocial behaviors in adolescence. Separation due to parental death did not show the same tendency to evoke antisocial behaviors. Those teen-agers presented more of a depressive syndrome in response to

parental loss. The researchers state that delinquency is more likely to occur after parental divorce under certain conditions such as intense hostility before separation, enduring hostility after the divorce, and the involvment of Children in bitter legal battles which breed resentment and anger. Trends toward greater delinquent behaviors have been noted also in boys who endured parental divorce in the first six years of development, as compared to boys from intact homes(Douglas, 1970).

Strong statistical relationships have been established by Douglas (1970) between later delinquency and early emotional deprivation of one kind or another, although a direct link to divorce as a causal factor is not yet established (Biller, 1976). Mc Dermott (1970) noted the prevalence of predelinquent depressive behaviors in his sample of children of divorce. Rutter (1971) found the delinquency rates for boys to be nearly doubled when a parent had been lost through separation or divorce rather than through death. However, anti-social behaviors in children have also been noted in intact homes where there is much parental discord. It is thus unclear whether it is the element of family discord itself which fosters anti-social tendencies or the variable of parental marital status. It is possible that parental separation is a minor factor in the causation of delinquent behavior while disturbed, hostile family relations is the major factor.

The two primary aspects of family discord which lead to anti-social disorders have been identified as frequent fighting and the absence of positive, warm feelings (Rutter, 1971). Rutter cautions that a further investigation must be conducted to determine whether anti-social behavior is a cause or consequence of family discord. It is possible that maladaptive reactions induced by parental discord result in anti-social behaviors in teen-agers.

The genetic transmission of delinquent behaviors through such intervening mechanisms as temperament was described by Rutter (1971; 1981) to be minimal. He believed differences in response to parental discord to be a function of both gender and temperament. Boys were more highly susceptible to tension over family discord than girls. This would explain the higher delinquency rates for boys. In one study (Koller, 1970), 61.5% of delinquent girls were found to have experienced the prolonged loss of one or both natural parents for a minimum of 12 months prior to the age of 15. There are four temperamental variables associated with delinquency evident to the clinician (Rutter, 1971). These are irregularities in eating and sleeping behaviors, extremely intense emotional response styles, inability to adapt to new situations quickly, and a predominantly negative mood. Despite these innate temperamental differences which appear to be correlated with delinquency, Rutter proposed that it is environmental factors which play a more influential role in the origin of delinquency.

Hetherington (1977) reported that parental characteristics resulting in inadequate parenting can be related to aggressive behaviors in children. For example, depression, loneliness, low self-esteem, and self-preoccupation in the custodial parent may in some cases induce aggressive behaviors in children. This supports the previously established observation that a child's adjustment to any life situation (especially divorce) is closely associated with the capability of the parental caretaker to maintain his or her caretaking abilities. From the research cited, the need is clear for clinicians to provide support and training in effective child-rearing to parents if they are to be as helpful as possible.

The presence of two parents in the home is associated with low delinquency in Caucasian and Chinese child populations, while Black populations show an increased delinquency rate in a two-parent home. There is a notably low delinquency rate in Black children from one-parent households as compared with the Caucasian sample of children in which it is high. It appears that the absence of one parent in the home is a factor linked to delinquency only in cultures which have established the nuclear family as the norm. These findings reflect the traditional matriarchal dominance which exists in the Black family culture. It may be that this element makes divorce a less traumatic event for Black children (Eisner, 1966). The generally accepted stance on delinquency and children of divorce to date, however, is that a broken home situation is

of secondary importance in causing delinquency and that the key causal factors are parental attitude and the quality of the adolescent's home life (Desimone-Luis, O'Mahoney, and Hunt, 1979). When these two primary factors are deficient, teen-age delinquency becomes rampant.

Sex role behavior.

A portion of the research on children of divorce covers the realm of sex role self concept formation. It has been continually hypothesized that the absence of a parent limits the adolescent's comprehension of the appropriate sex role behaviors associated with that parental figure. This reasoning further purports that in the absence of one parent, the child becomes solely dependent on the remaining parent for sex role modeling (Novak, 1982).

Biller (1976) has described boys within mother-only households as displaying feminine tendencies in sex role behavior. Hetherington (1966) investigated the differences in responses between boys whose fathers had left the family unit before the child was four and those whose father had left some time after the child's fifth year of life. The sex-typed behaviors of these two groups were compared with those of boys from intact family units. All the boys from the father-absent groups manifested significantly more dependency behaviors towards peers than did their intact-family counterparts. Further analysis revealed that boys whose fathers had departed after the child had reached age 5 demonstrated little deviance

in sex-typed behaviors. Their behavior closely resembled that of boys from intact families on variables such as independence, dependency on adults, aggression, sex role preference, and participation in competitive sports. Boys who were separated from their fathers in the first four years of development, before adequate masculine identification had been established, were reported to show more feminine sex role preferences. These results corroborated those reported by Biller (1976).

A study by Kurdek and Siesky (1980) challenges the traditional social learning hypothesis as the sole explanation for sex role formation in the child of divorce. They studied 72 single, divorced parents and 92 divorced children ranging in age from 10 to 19 years. All the subjects were given the BEM Sex Role Inventory. In the Kurdek and Siesky study, both boys and girls from divorced homes were found to be significantly more androgenous than their matched group of controls from intact homes. The study made clear that the boys from divorced families are not necessarily more feminine just because they are less masculine in their sex role behaviors. They are, instead, more androgenous. The results of this study challenge the accepted viewpoint (Biller, 1976; Lamb, 1977; and Hetherington, Cox, & Cox, 1977) that boys from mother-only homes exhibit less masculine sex role behaviors due to a lack of a male role model. The social learning theory is still applicable in one respect, since divorced parents of both sexes in this study score as highly androgenous in comparison

to parents from the intact families. It appears that both parents and children in the divorced group were more androgenous. One possible implication of this finding is that divorced parents provide a more androgenous model of sex role behavior than do parents from a more traditional intact family environment. There was no statistical confirmation found, however, for this hypothesis. Apparently, a more complex mechanism than modeling alone takes place in the development of sex role behavior. The components of constructing sex role behaviors are yet unclear, but it does seem that the child formulates his or her own sex role behavioral repetoire. The specific effects of particularly significant life situations, such as parental divorce, are yet unclear.

Studies on androgeny reveal that individuals with such a sex role orientation also display more social competence and higher levels of self-esteem, achievement motivation, and behavioral flexibility. In light of these findings, androgenous sex role orientations for children of divorce can be viewed as an asset.

General Effects of Divorce Not Related to Age

The initial results as well as the follow-up of the Wallerstein and Kelly study, yielded general trends in the effects of divorce on children that were not particularly related to age. The child's reaction to divorce begins precisely at the point when one parent physically departs from the home (Wallerstein & Kelly, 1980). A distinction

between the legal date of divorce and the actual disjunction of the family unit is essential for understanding which elements of the divorce experience are most painful for the child. Children's reactions to divorce persist beyond the date of the final legal decree. Reactions may even persist beyond the consummation of their parents' second marriages. Reconciliation fantasies and intense emotions remain long after parents have clearly entered relationships with new partners. This occurs especially in children from preschool to approximately age 12. From these findings, it becomes apparent that children's emotional reactions and recovery do not coincide with the timetable of divorce proceedings or with the rate at which parents adjust to the divorce trauma. It is crucial for clinicians to be sensitive to the depth and extent of the child's pain as experienced by the child from a child's perspective. A therapist can alleviate pressure in treatment by assisting parents to develop an appreciation of the time necessary for children to adjust to the divorce.

Another general trend noted by Wallerstein and Kelly (1980) is that the majority of children and adolescents in their study experienced the divorce as painful and disruptive to their lives. Children who had been exposed to intense physical violence and abuse were the only exceptions. In such cases the divorce was still responded to with sadness but also with relief. Relief responses were rare (less than 10%) even among families which did report some amount of physical violence or hostile, aggressive interactions

prior to the divorce.

The clinician must recognize that children's perceptions of parental divorce are rooted in the reality that a whole lifestyle has been disrupted by the divorce. Although individual reactions to parental divorce are manifested in a unique way by each individual child, general themes of insecurity, vulnerability, guilt, rejection, anger, worry, shame, fear, loneliness, and loss comprise universal elements of the experience. Many children will eventually show a reactive depression based on such feelings.

Bewilderment.

A primary cause of children's bewilderment in response to parental divorce is the lack of sufficient explanation by the parents about what is happening. It has been reported that in 80% of the cases involving preschool youngsters, parents had done relatively little or nothing about discussing the divorce with the children (Wallerstein & Kelly, 1975). They reported feeling inadequate or uneasy about how to explain the divorce decision and arrangements. The parents frequently employed ineffective coping mechanisms of avoidance or denial. They did not wish to recognize their child's emotional responses and subsequent behavioral changes as being related in any way to the divorce. The clinician can help parents realize the need for communication between parent and child. Children should be encouraged to continuously ask questions about the divorce, its meaning, and ramifications. Therapeutic intervention may help clarify dangerous misconceptions the child

may have about the divorce which may be causing unnecessary suffering and emotional upset. Repetitive questioning and recurrent themes are common in treatment until these issues are eventually worked through. Parents should be instructed to continually address the anxious, recurrent themes of their children with patience and simple, forthright explanations.

Children often experience isolation and loneliness in response to parental divorce. This is partly due to actual diminished parental involvement as parents attend to their own intense anger, humiliation, and depression. New demands arising out of the divorced lifestyle also occupy parental attention. It is for these reasons that extensive exchanges with parents become a precious and scarce commodity, rarely available to children at a time when they need it most.

Vulnerability.

In essence, a child's divorce experience is closely linked to parental reactions which influence the parent-child interaction. The awkwardness in communication and emotional unavailability of the parent can continue for an extended period of time spanning several years after the divorce. This leaves children with the task of integrating the divorce experience on their own. It has been suggested that the experience of parental divorce itself is not as harmful as is the prolonged disruption in parenting. Parents must be able to understand the child's experience, provide the necessary reassurance and comfort, allow the child to express his or her

emotional reactions, and address his or her questions and concerns. When this is not possible, the child is more likely to develop depression or the beginnings of a personality disorder which will ultimately require extensive therapeutic intervention (Wallerstein & Kelly, 1980).

Deprivation.

A painful reality children may need to face about parental divorce is the absence of one parent during significant times in their lives. This is especially true in cases where the estranged parent visits infrequently or irregularly. Children are incorporated into a social world of peers in the same way as adults. They become subject to embarrassment when they lack the parental support expected by their reference group. It is as likely for a child to feel mortified by the absence of a parent at social functions in his or her life as it is for single parents to feel embarrassed about attending family functions and social events unescorted by a spouse after divorce. This embarrassment is magnified in childhood and adolescence since comparing oneself to others is a typical activity at these developmental stages. The child experiences intense feelings of loss in his or her realm of social reality. It is reported that even in circumstances where children have many peers simultaneously undergoing parental divorce, there is still an intense emotional pain each child must suffer privately (Kelly & Wallerstein, 1979). Nevertheless, it has been noted that a support group can be somewhat beneficial in reducing the feelings of loneliness, abandonment, and isolation.

Various reports claim that within a family structure siblings who share the difficulties of parental divorce have an advantage over the only child who must integrate the trauma without sibling support (Wallerstein & Kelly, 1979).

Disillusionment.

Another realization forced on children experiencing parental divorce is the unpredictable nature of life circumstances. Children typically expect their parents to create a stable unchanging environment within which they can develop. Such an environment is necessary to provide a reference point from which the child or adolescent can fashion his or her own personality and achieve eventual independence. When this foundation is toppled anxiety, fear, and doubt ensue. The child is suddenly exposed to uncertain, unpredictable, and unreliable aspects of life and human nature. It is shocking to see parents in a weakened condition, capable of making errors and feeling insecure in much the same way as the child. The initial shock response of the child implies support for the clinical impressions of Wallerstein and Kelly (1980) which describe children's fantasies about having parents who are a solid foundation of support. Due to the obvious family/household tension and distress, it is crucial for children to have a healthy parental relationship to provide a template by which to guide their developmental course. Realization of the tenuous nature of human relationships and life circumstances does not usually occur until adulthood when the individual is more prepared to deal with life events which occur that

are uncontrollable. For children of divorce, however, this harsh reality must be integrated at a relatively early time in their life (Kelly & Wallerstein, 1979). The foundation on which to build interpersonal relationships is shaken and must be restabilized by ongoing relationships with both parents when at all possible.

Fear.

The new awareness in the child of the frailty of human relationships gives rise to the fear that the parent-child relationship will dissolve as did the marital bond. Younger children reveal their anxiety about this by clinging behavior and fantasies about being replaced by another child who will gain parental favor. Older children and adolescents become extremely sensitive to parental moods and search for hints about their parents' attitudes towards them. This ultra-sensitivity to the parent-child bond often results in ruminations about parental health. This is common in children from divorced homes.In addition, the child fears abandonment. If actual health problems in a parent or personal rejection by one or both parents does occur, the effects on the child are magnified. In such cases, the child or adolescent experiences an increased sense of helplessness and low self-esteem.

Anger.

A rise in aggression is commonly found in children of all ages in response to parental divorce. This ranges from temper tantrums in youngsters to angry verbal altercations and rebellious activities in the teen-age years. It has been

discovered that many referrals from school professionals and parents originate out of a sense of desperation and impotence in not being able to contain the rage of such children. The nature of the particular experience of each child, his or her perceptions of and fantasies about present and future circumstances,must be ascertained if parents and professionals are to intervene in an effective manner. Many children of divorce are treated for their presenting aggressive symptomatology without full recognition of the origins of their aggressive behaviors. Without such understanding, the inability of these children to control aggressive impulses is not addressed. The strengthof his or her fury is usually surprising and frightening to the child. The experience of having a stable relationship with a non-biased adult can enable the child to recognize his or her potential for integrating the loss and anger arising from parental divorce. A therapist is one such adult who can acknowledge the child's pain and offer guidance towards eventual adjustment.

Insecurity.

Max Sugar (1970) describes the turmoil in the parent-child relationship during and after divorce as being due to vacillations on the parents' part between over-indulgence and deprivation of the child. Children are often utilized as pawns in parental battles, both before and after the actual separation. This is usually unintentional but occurs nonetheless. Richard Gardner (1977) cautions parents not to exploit children as messengers, spies, etc. Much of this behavior begins to take place once

visitation arrangements are established. Sugar comments that children in such a position become keenly aware of their own helplessness and inability to alleviate their parents' marital strife. Fears for the future are heightened in such children. Cases in which such a dilemma exists should be referred for family therapy or parental consultation.

Other therapeutic approaches may involve individual exploration with the child of his or her experience of being "in the middle". Here the therapeutic work is geared towards the child's acceptance of his or her helplessness in the situation. Another therapeutic goal is to foster awareness in the children of their potential to express themselves more assertively with parents by refusing to become involved in such tactics. These goals, if achieved, will help children to feel more secure about handling the repercussions of divorce. Regardless of the treatment approach that a clinician decides to take with a given child, a deep appreciation for the pain and torment associated with such feelings of insecurity is essential.

In addition to parental insensitivity due to overwhelming emotional pain, another source of stress for children is the parents' tendency to interpret their children's reactions as deliberate retaliation for breaking up the family (Sugar, 1970). This perception arises out of the parents' own guilt feelings for shattering the child's family unit. It is rare that a child is actively engaged in such manipulative behavior. These seemingly manipulative reactions of children to parental

divorce are, rather, an attempt to communicate the vulnerability they are experiencing and their need for understanding and reassurance from the parent.

Parents after divorce may deliberately or unintentionally do many things to complicate the adjustment of their children. Custodial parents may loosen disciplinary rules in an effort to "make up" to the children for the divorce. Although this is initially experienced by the child as gratifying, the eventual experience is one of additional loss of both structure and parental involvement. Non-custodial parents who shower gifts upon their children are usually motivated by their own guilt, loneliness, or wish to compete with the custodial spouse. This eventually fosters further tension in the visiting relationship. The visits are no longer times of loving parent-child contact, but take on an air of bribery and obligation. It is not uncommon for the custodial spouse to become jealous of the freedom he or she observes in the non-custodial parent's lifestyle. This resentment of being "tied down by the kids" is communicated to the child in subtle ways and can exacerbate the child's feelings of guilt for being a burden. Dating by the parents can reinforce the reality of the parental separation for the child. Even just visiting the non-custodial parent at his or her new residence makes this clear in a painful way (Sugar, 1970).

Sex role and sex differences.

Sex differences in response to family dissolution were studied by Mc Dermott (1968) in a preschool population. He

discovered significant differences between nursery school boys and girls in their reactions to parental divorce. Boys in this sample were found to exhibit more dramatic alterations in behavior and to demonstrate aggressive/destructive feelings more freely. Whitehead (1978) cautions that although parental divorce has been linked to greater behavioral disturbances in young boys (sample of children age 7), this may be partially a function of social perception of the children rather than actual greater psychological vulnerability in boys. For example, it has been determined that teachers rate boys from divorced families more strictly than girls and that boys are routinely seen as having greater behavioral problems. In Whitehead's sample it was concluded that parental divorce may be linked to behavioral problems in both boys and girls. It appears that for many girls, however, the effects of parental divorce are long-range, and are expressed in sexual promiscuity at puberty. Emotional and antisocial disorders in children of both sexes have been associated with parental marital disharmony. Parental divorce undoubtedly entails a sufficient amount of marital discord to cause emotional disturbances in children regardless of gender.

A specific investigation of the effects of divorce on girls was conducted by Hetherington (1972), using three groups of adolescents aged 13 to 17. The groups consisted of girls from either a home broken by divorce, one with father absence due to death, or an intact family. Girls from divorced families were observed to seek more attention from male interviewers than girls from either intact families or from families where

the father had died. These teens also sought closer physical proximity with male peers than the other subjects. During interview sessions with a male they chose the seat closest to the interviewer and exhibited more frequent smiling, eye contact, forward leaning, and open postures. The results were the opposite for daughters whose fathers had died. They exhibited withdrawn, inhibited behaviors towards men.

On a self-report questionnaire, girls from both types of father absent homes rated themselves as insecure around male peers and male adults. It appears that although the effects of father-absence are equally strong whether the absence be due to divorce or death, the manner of expressing insecurity is just the opposite in both situations. There were no differences between groups on measures of feminine sex role typing but girls from divorced families evidenced lower self-esteem. It appears that father absence can create an increased dependency in girls which often goes unnoticed because it blends with traditional female sex role characteristics. The differences noted for the father-absent groups were found to be prominent in girls who endured parental loss before age five (Wallerstein, 1977). This observation lends itself to psychoanalytic speculation about unresolved Oedipal strivings. Lack of social learning because of the paucity of opportunities for interaction with males is a second viable hypothesis to explain response differences to males in teen-age girls from divorced homes.

Hetherington (1979) describes changes in the parent/child relationship beginning with an initial high rate of discord over the emotionally-laden divorce proceedings. She concurs with other researchers that the children wish to maintain relationships with both parents and thus often find themselves enmeshed in a conflict over loyalty. She suggests two ways that children may respond to such a conflict. The first is by pitting one parent against the other in a manipulative fashion, or secondly, to revise opinions about one or the other parent.

In contrast with other research, Hetherington's (1979) study reports more far-reaching negative effects in male children of divorce despite the fact that both genders do develop improved coping skills within the first two years. She found a higher incidence of behavioral disorders in boys as well as difficulties in interpersonal relationships at home, in school, and with peers. She noted that boys were generally less compliant than girls and all children were less responsive to discipline administered by mothers than by fathers. Her study suggested that the loss of a powerful male role model is more stressful for the male child than for the female child. Recent findings further suggest that boys may be exposed to more stressful events surrounding the divorce and have fewer supportive options available. Mothers of male children rate themselves as more depressed, and boys are viewed more negatively than girls by teachers, mothers, and peers following a divorce. Wallerstein (1978) noted that boys

were more likely to witness parental feuds than were girls when parents divorced.

Nationwide research on the effects of divorce on children (Guidubaldi, Cleminshaw, Perry, and Mc Loughlin, 1983) supplies additional support for sex differences in response to parental divorce. Girls from divorced families exhibited superior performance on classroom behavior ratings, teacher/parent ratings of peer relationships, daily living skills, and general conduct. Academically, girls performed better on achievement tests, attained higher grades, and were less likely to be retained and/or placed in special classes. Since girls usually do better scholastically than boys it is necessary to add that boys from divorced families did even more poorly than boys from intact families on all these indices. According to this study, a definitive sex effect response to parental divorce is evident. There are some drawbacks in this research such as biases in the behavioral ratings made by parents and teachers. Definitive conclusions on sex effects in children of divorce have not yet been formulated, since differences in the divorce experience of the individual child are difficult to control.

Effects of parental absence.

Stress in normal childhood stems from three primary sources. The everyday tensions arising from school and interaction with peers is one type of stress children must handle. Simultaneously they must cope with the stress of successive developmental crises in the struggle towards maturity. A third type of stress is

generated by the unpredictable nature of life events, which requires children to adapt to unexpected situations (Moore, 1975). The absence of a parent is an additional stress which requires considerable adjustment on the part of the child.

Moore (1975) comments that it is not the event but rather the person to whom the event occurs that determines the extent of it's impact. It is the individual who shapes the nature of an event and determines whether it will enhance or destroy his or her future development. This is clinically applicable to the child of divorce. Each child possesses a specific temperament and cluster of strengths and weaknesses. The clinician identifies such variables and mobilizes the child's resources so he or she can achieve a healthy integration of the parental divorce. The clinician works on the premise that the child's innate strengths play a primary role in his or her recovery.

A second principle articulated by Moore is that child development and functioning are bound up with parental influences. This implies that parents possess immense power to influence the effect of the stresses their children encounter. A parent may either ease or aggravate stress in his or her child. He or she can undermine the child's natural abilities to adjust by adding worry about the parents' own problems to the factors with which the child must cope after a divorce. Parental adjustment is a key factor to well-adjusted children (Moore, 1975). A parent's inability to adjust adequately to divorce often results in erratic visitations or an absence of

parental involvement with the child.

Jacobson (1976) addresses the effects of time lost with father after divorce. In his sample the children (ages 3-13) demonstrated increased aggressiveness and cognitive disabilities. A direct relationship between loss of time with the father and a greater maladjustment in children has not been determined, however, a trend has been noted. It cannot be assumed that divorce immediately results in a one-parent family. In actuality, parental separation can produce a wide range of consequences on a continuum from complete abandonment by one parent to more quality time with both parents. The father's parental influence as a male is critical for the child. The spousal role of the father in the home, however, can be damaging to the child's development when there is intense marital discord. Fathers whose parental roles contain an abusive component create a poor influence on their children. Therefore, it is the nature of the father's influence on the child and in the home which must be addressed.

Hess and Camara (1979) note that family relationships before and after divorce excercise tremendous influence over a child's behavior. For example, in boys, father-absence has been noted to be associated with poor development of sex-typed behaviors and decreases in quantitative skills which are usually higher in males. These same effects also appear in children from intact families whose fathers are emotionally unavailable due to a busy work schedule. It has become apparent that children from intact homes can experience the same absence of

a role model and of direct parent-child contact as a child of divorce. These findings shed light on the significance of the parent-child relationship at every age, regardless of parental marital status. It appears that even a harmonious relationship between parents after divorce is not as important in determining the child's optimal adjustment as is the maintenance of a high quality affective relationship between each parent and the child. Children who enjoy a positive relationship with both parents score lower on measures of stress and aggression. They also obtain more positive ratings on estimations of work effectiveness and social interaction with peers.

The phenomenon of father absence has the potential to create undesirable situations in a child's life. The literature cites many deprivations resulting from father-absence such as loss of discipline, loss of a role model and attachment figure, as well as a radically deteriorated parent/child relationship (Weiss, 1979). A study by Stern (1980) notes that both married and divorced mothers rate a father's influence as more important on sons than their own. They identified "sex role" and "play experiences" as the two primary reasons for this high value placed on father influence. Maintaining a quality relationship with the non-custodial parent (who is the father in the majority of the cases) is important to the child's adjustment (Rubin, 1979). For example, one study reports significantly higher levels of self-esteem found in boys who saw their absent parent at least once monthly

(Lowenstein & Koopman, 1978).

Lamb (1977) discussed father-absence as a loss of support socially, economically, developmentally, and emotionally for children of divorce. His major thrust pertains to sex role development and originates from a social learning theory based on imitation and modeling. He notes that boys emulate fathers who are caring, accessible, and nurturant. Fathers in intact families who are preoccupied with their jobs and work long hours have sons who experience as much difficulty in sex role identification as boys whose fathers are physically absent from the home. This type of father rejection is so intensely felt that divorce is sometimes a welcome relief. At least the opportunity now exists for this aloof parent to be replaced by a more involved and nurturant stepfather.

Lamb notes that the gender identity of a child is established between the ages of 2 and 3, whereas the formulation of gender role is more subject to familial influences and is not established until ages 3 to 5. These facts explain the significant effect of father-absence in earlier years, one reason being that fathers typically treat their children in a more sexually distinctive and sterotyped manner than mothers. Hence, the effects of father-absence are as great for daughters as for sons from a social learning perspective. Through interaction with father as well as through modeling by the mother, female children acquire a feminine sex role identification. This means that observing how father's behavior complements that of mother is important in gender role consolidation for

girls. Where boys are concerned, male children are treated in subtle ways by the father which helps to shape masculine gender role behavior. Lamb's discussion implies that establishing traditional gender roles is desirable. There are, however, alternative perspectives which do not view the absence of traditional gender roles in child development as negative or damaging.

The psychoanalytic perspective expects Oedipal complex resolution (between ages 4 and 6) to bring about superego formation, moral development, and accurate gender role adoption. The absence of a father is believed to affect the psychosexual development of boys more seriously than it does girls, since an absent father thwarts Oedipal complex resolution for the male child. The necessary identification with an absent father is far more difficult for boys to make than the identification with a custodial mother, which is available to girls from divorced homes. This identification with mother is the only major prerequisite for Oedipal complex resolution in female children, making the likelihood of a successful resolve more probable.

In a more general article by Lamb (1980), paternal influence on children are studied from a familial perspective. Lamb points out that male and female parental roles are culturally defined, and laden with gender role concepts that are passed on to the children of that particular society. It is believed that the nuclear family provides an opportunity for both sons and daughters to observe healthy, heterosexual interaction between their parents, provided such a relationship exists.

Lamb notes that the origin of the nuclear family is rooted in an agrarian society in which the traditional roles of men and women were equally respected. The industrial revolution and subsequent automation have made the household role of females increasingly less important. The necessity for a traditional nuclear family has also diminished. Lamb suggests that alternate family lifestyles, such as that of the one-parent household, be looked upon as an optional mode of functioning and rearing children. He acknowledges the drawbacks of the one-parent family and enumerates its possible effects on child development, but recognizes that there are advantages to an atypical family upbringing. Among these is a more flexible, androgenous concept of gender role that fosters flexibility in the educational and occupational endeavors of both sexes. Male and female parental roles may also be amended so that neither "father" nor "mother" influence per se is rated as essential to adequate gender role development.

Hetherington (1979) states that father-absence can be assuaged by external supportive resources such as neighbors, relatives, school personnel, social agencies, peers, siblings, and even a stepfather who assumes the paternal role. It is still true, however, that two supportive parents are better than one. The healthy nuclear family has two adults to administer direct child care and give nurturance, love, and attention, whereas the single-parent household has only one. Ideally, paternal presence serves a supportive function to

the mother and provides a tangible role model for the children. A wider range of interests, skills, and personality attributes will be presented to children with two psychologically healthy parents. The negative and rejecting aspects of one parent can even be tempered by the presence of a second, healthier parent. In a single-parent household, should the custodial parent be unstable, negative parent/child interactions will more directly impede the normal development of the child. Nonetheless, although these specific advantages do exist in a two-parent household, research has indicated that children from harmonious single-parent families function better than children from conflict ridden nuclear families. Therefore, in some divorce situations, it is this rescue from constant bickering and turmoil that is most beneficial for the children.

Hetherington (1979) notes that the quality of the relationship between parents and their children lacks continuity following divorce. This phenomenon is especially noticeable in fathers, who are less likely to maintain contact with their daughters than with their sons. An involved relationship with a non-custodial father is an excellent support for both male and female children. It is also supportive for the custodial mother if such a situation is possible. It has been discovered, however, that even under such a congenial arrangement, the non-custodial father (in most cases) is a less influential role model on the child for social, cognitive, and personality development than the custodial mother. This increased salience of the custodial parent's role is a function of the amount of

time spent under one parent's influence, particularly when paternal involvement is peripheral.

The reaction of children experiencing father-absence due to divorce has been described as complex and confusing even to the child. Children often view the mother as having driven father away from the home. They become enraged with her as well as fearful of facing the same destiny. They blame the mother for not doing more to keep the marriage together, yet they also blame themselves for past misbehavior. In addition, children must frequently depend solely on their custodial mother for the necessities of daily life after divorce. Many children will adopt behavioral patterns of the absent father which are sure to provoke the mother to anger (Robinson & Williams, 1973).

In addition to all these reactions to father-absence, children must cope with an additional loss if their custodial mother must venture out for the first time into the work force. This is another separation experience for the child although it is confined to part of the day.

Effects of maternal employment.

The discussion which follows addresses maternal employment. The importance of this is necessitated by the fact that our society still reflects clear distinctions between men and women in terms of custodial awards, with mothers comprising the majority of custodial parents. Their absence from home is increasing due mostly to the necessity of seeking employment, often on a full-time basis.

The daily separation from a working mother does affect the children emotionally. There is, however, no evidence that such separations cause undesirable effects such as delinquency or psychiatric disorders of any kind, despite age-old assumptions to the contrary (Rutter, 1971). Moore (1963) declares that children who are exposed to more than one mothering figure (as is typically the case in the working-mother household) do not show negative effects from such relationships provided the quality of care is stable and appropriate. The World Health Organization's position that daycare centers cause inevitable psychological damage to children has been refuted by Rutter (1971). He observed that those strongly held opinions were not based on any scientific research.

Hoffman (1980) points out that the nature of jobs available outside the home for women, the changing attitudes towards women's roles, more effective birth control, and the increased health and life expectancy of women has resulted in a large percentage of working women in the work force today. Reported statistics based on the 1979 U. S. Census show that 72% of mothers of school-aged children in single-parent families are employed, and 60% of divorced mothers with preschoolers also now work (Hoffman, 1980).

There are recent developments that aid working custodial mothers. Technological advances have automated many household duties. The overall smaller number of children per family and the possibility of using daycare and other social agencies when

necessary are also helpful. Women who utilize these resources are not only those who are divorced or widowed. It is often necessary for wives from intact families to seek employment to boost the family income due to the soaring cost of living.

Hoffman (1979) suggests three aspects of maternal employment that promote positive outcomes for the children. First, unemployed mothers running a home that necessitates less housework than previously derive little satisfaction and sense of competence, from their contribution to the family system. As a result, they tend to become overly involved with their children, which is contraindicated in promoting a sense of independence and autonomy for the child. Secondly, a mother involved in her own work often experiences a sense of satisfaction with herself. This is then transmitted to her children in a positive way through her parenting skills and general attitudes. Finally, Hoffman notes that the social roles of men and women are changing. Daughters are becoming oriented towards work and career goals rather than being prepared exclusively for motherhood. The working mother provides a model for future roles of women in which wage-earning and child-rearing responsibilities are shared with men.

The entire social system, which includes community/governmental institutions, the occupational structure and even the family itself, has not yet sufficiently modified the traditional sex role division of labor in our culture to accommodate working women who are mothers. The unfortunate effect of this is that working mothers must endure the tremendous daily stress of

role-splitting. One such source of stress is the fact that school calendars for parent-teacher conferences, vacations, scouting trips, etc. are still scheduled on the assumption that mothers will be available during school hours. Most school meetings and special parent-teacher events are held at times which conflict with the working mother's schedule. This often forces working mothers to become less involved in their child's scholastic progress and activities than they would like.

Most research on working mothers surprisingly excludes the divorced family unit, despite the rapid growth of this population. Some of the few studies available do show that working mothers of single-parent families establish specific rules and responsibilities for their children to follow. This rule structure enables the household to function smoothly in the mother's absence. Children of divorce have been observed to engage in autonomous and responsible functioning during parental absence, such as performance of household and sibling care duties. Estensive knowledge about the mechanics and realities of maintaining a household is instilled in these youngsters via first hand experience. Many such children are amazingly mature and exhibit great comprehension of the demands of adult roles. They demonstrate a more compassionate attitude towards parents and authority figures fostered by this appreciation for the complexity of the adult role. The children themselves derive a higher sense of self esteem from managing household tasks and responsibilities. They also feel important and independent, and possess more realistic views on family life

and relationships.

Research studies have found that daughters may benefit immensely from a working mother role model. Daughters of working mothers perceive the female role as more competent than do daughters of mothers that stay at home. Moreover, both male and female children of working mothers hold less rigid traditional gender role ideals than do children of non-working mothers (Hoffman, 1980). Girls with working mothers adhere to broad positive definitions of the female role. These girls also select less traditional career goals. The majority of college-educated, career-oriented girls studied identified maternal employment as influential in their achievement orientation. They have also been found to score higher on social and personality adjustment scales (Hoffman, 1974). There is a general trend for daughters of working mothers to excel on certain variables linked to higher overall achievement, although correlational evidence of better academic performance for daughters of working mothers has not yet been provided. For sons of middle-class working mothers research notes a decrease in scores on various tests of cognitive ability. The implications of these results are as yet unclear.

In conclusion, the research available to date on the effects of maternal employment on children is not only limited and poorly controlled but provides no clear-cut findings. Despite the frustration engendered by the limitations of research in this important area, a positive aspect is

that no negative effects of maternal employment have so far been uncovered. The Wallerstein and Kelly follow-up research indicated that full-time employment of the custodial mother was not a negative factor in the child's emotional adjustment to the aftermath of divorce, provided the mother was emotionally accessible to the child when not working (Wallerstein & Kelly, 1979). Reassurances to parents that maternal employment has not demonstrated any damaging effects as yet can help to alleviate guilt feelings in custodial mothers. Parental guilt about working has the potential to interfere with effective child rearing more than any effects of maternal employment itself. A mother suffering unnecessary guilt will be emotionally preoccupied and less effective in child-rearing tasks. She may tend to hold back on disciplinary actions or overcompensate for being employed by "making it up to the child" in maladaptive, overindulgent ways.

Hoffman states that more research is necessary to identify the specific psychological needs of a child at each developmental stage. Such findings will help working custodial mothers to strategically deliver quality time and care that will be most beneficial to the child at each specific age. For example, it seems that while one-to-one interaction is crucial for infants, exposure to a wider range of people is better for the child as he or she becomes older. Maternal employment does entail a decrease in the amount of supervision of the children, yet it also allows for more autonomy and discourages the unnecessary prolongation of dependency.

Follow-up Data: The Long-Term Effects of Divorce

The follow-up data from the Wallerstein and Kelly project provide valuable information for mental health professionals on prognosis and goals for treatment. Familiarization with the manner in which children integrate parental divorce enables the professional to distinguish therapeutic strides from the effects of time and the natural healing process. Spontaneous adjustments should be expected. In such cases, therapeutic interventions can be more efficiently geared towards providing the necessary support for intrapsychic alterations not attained naturally. Clinicians aware of negative variables which interfere with healthy adjustment, can work to alleviate such blockages. Informative talks with parents can also be geared towards minimizing such interferences.

Wallerstein and Kelly identified no specific components consistently found in the lives of all children that aided in their adjustment process. Rather, they described a complex configuration of variables which may exist in any number of combinations. The configuration of these variables can have either positive or negative effects on the progress and development of children after parental divorce (Wallerstein, 1980).

The clinician must consider each child's individual strengths and weaknesses when making a determination about prognosis or treatment plans. The expertise and clinical skill of the professional are the predominant factors in conducting

therapy with children of divorce. Research provides only the framework within which to conceptualize treatment approaches that can potentiate the spontaneous healing process and the natural developmental thrust of the child.

18-months after divorce.

At the 18-month (1 and ½ year) follow-up, the preschool population of the Wallerstein and Kelly sample was deemed the most vulnerable group in terms of persisting emotional and psychological problems. Latency-age children were somewhat more resistant to stress but 25% of that group were in worse psychological shape than immediately after the divorce. The adolescent sample also yielded many vulnerable youngsters. A major factor in the continued deterioration of approximately one-fourth of the children was a chronically disorganized and disruptive family situation in which hostility, anger, and confusion remained at a peak (Wallerstein & Kelly, 1979). A situation in which a custodial parent was still struggling with undiminished anger and engaging in hostile contacts with the non-custodial parent correlated highly with the psychological deterioration of the children.

Developmental advances were seen primarily in children who had been provided with adequate nurturance, stability, and security by their parents after divorce. Community support systems were an additional booster for the child. A variety of resources were noted such as contacts with peers, neighborhood families, extended family and concerned teachers, school

routines, social activities, and religious or community activities at local churches, synagogues, etc. It should be noted, however, that fewer than 10% of the children in this sample had such outside resources available to them (Wallerstein, 1980). Since not only the children benefit from such contacts but the burden of the single parent is also alleviated if the child is permitted involvement in outside events, clinicians would do well to advise parents about the availability of community programs and encourage them to allow their child to become more active in activities outside the home.

Overall, the majority of the children in the Wallerstein and Kelly sample (65%) had resumed their developmental progress by the 18-month follow-up contacts. In the younger age groups, boys appeared to be struggling more with the adjustment process than girls. Adolescents showed no such sex differences. Reconciliation fantasies continued in the younger population despite the child's reported recognition that the parental divorce was a permanent arrangement. Fear of abandonment and general anxiety had decreased significantly by follow-up. There was also a significant decrease in many of the initial symptoms reported for each age group. The researchers attribute this to the resilient nature of children who possess normal, healthy psychological resources (Wallerstein & Kelly, 1980).

Those children who had successfully mastered the divorce trauma and resumed normal developmental progress appeared to

gain much personal strength from the crisis resolution process. Children with healthy personalities at the outset of the divorce study were the ones who had adjusted best by the five-year follow-up. As expected, it was the child who had made effective use of his or her internal resources and extracted the most from available resources in the community who showed the best personal adjustment. Children lacking a sufficiently healthy personality structure were less able to take advantage of, or generate for themselves, an outside supportive network. In planning a treatment approach, the clinician must therefore take into account both the inner and outer resources of each child.

A useful criterion for clinicians in determining whether or not a child requires therapeutic intervention is the length of time he or she has been maintaining symptomatic behaviors. The Wallerstein and Kelly developmental perspective suggests that small digressions from continued developmental growth can be compensated for, but a significant amount of time spent in symptomatic withdrawal will allow critical periods in development to pass. This will retard the child's future social, emotional, and psychological functioning. Severe symptoms that persist beyond the 18-month time span constitute strong indications for therapeutic intervention. The major concern is to prevent any further developmental lag in the child's maturation process.

Depression was a primary condition diagnosed in the majority of children who had not recovered by the 18-month follow-up period. One quarter of the research sample contained children and adolescents diagnosed as depressed on the basis of the following symptomatology: Preoccupation with parental divorce; pervasive sadness; low self esteem; academic performance below capabilities; difficulties in concentration related to extreme worry about the divorce; persistent self-blame fantasies; social isolation; withdrawal; inhibition of play; continual irritability; and sexual promiscuity. Often, familiar but seemingly innocuous presenting problems such as petty stealing, childhood obesity, and vague complaints of "behavioral problems" were found to be clues to an underlying reactive depression syndrome. The children deemed as depressed in the Wallerstein and Kelly sample shared a three-point dynamic configuration of intense anger, adamant disapproval of the divorce, and a deep sense of rejection from one or both parents (Wallerstein & Kelly, 1980). Overall, there was a minimal decrease in the initial feelings of anger noted in most children of divorce. For some children, however, this anger persisted and seemed to serve a protective function in warding off depression and allowing for a forward developmental movement.

A crucial factor which affected many children's ability to adjust to parental divorce was the psychological well-being of the custodial parent. Mental health professionals working with divorced adults must become sensitized to the effects of

their patients' pathology on any offspring. There is usually a high incidence of psychiatric disorders in at least one of two divorcing spouses. Sometimes a troubled spouse will initiate the divorce as he or she deteriorates, but frequently the troubled spouse is left by the healthier one who can no longer tolerate the strain of an unbalanced relationship (Wallerstein & Kelly, 1980). The mental health practitioner can offer supportive services to the children of his or her patient in addition to delivering services to the adult in treatment.

The custodial parent is faced with many burdens involving child care and the responsibilities of maintaining a household after divorce. In addition, he or she must battle his or her own depressive response to the divorce. Additional psychological problems in a custodial parent such as alcoholism, indiscreet sexual behavior, and abusive behavior towards the children will cause additional damage to the already fragile psychological state of a child during and after parental divorce. If it is the psychologically healthy parent who gains child custody, the probability of spontaneous adjustment to the divorce over time is increased. Wallerstein and Kelly noted that separation from a psychologically disturbed parent is a predominant factor in a child's attaining healthy adjustment following divorce, although surprisingly, the child may still mourn the loss of this parent.

Clinicians who provide therapy to the divorced adult exclusively, seriously limit the scope and effectiveness of

their interventions. They may be excluding children in need of supportive treatment or brief, time-limited counseling. Families of divorce are always involved in the trauma but too often excluded from treatment. The delivery of services to children would alleviate their stress and thereby bolster the effect of the intensive treatment delivered to the adult identified patient. Narrowly focusing on the specific presenting symptomatology of a divorced adult destroys the opportunity for attaining a broader understanding of the adult patient's symptoms within a more realistic context which includes the children.

Traumatic life events frequently exacerbate psychological illness, resulting in increased symptomatology. Divorce needs to be recognized as a traumatic event for all family members involved. It is essential that the reactions to divorce be addressed in the adult patient as well as in the children. An additional consideration is that children are quite sensitive to parental behaviors and notice increased symptoms of parental depression, anger, loneliness, etc. The clinician can often briefly, but effectively, intervene with a child by explaining to him or her many of the anxieties and behavioral reactions common in divorcing parents and their children. Assisting the child to understand the parents' struggle, as well as his or her own, can further diminish the adverse effects of the divorce.

Five years after divorce.

The 1 ½ year follow-up period discussed thus far is viewed by Wallerstein and Kelly as a time of transition. The five-year follow-up yielded results of a more longitudinal nature and many interesting findings emerged. These researchers report that 34% of the children were demonstrating a sense of well-being and adequate self-confidence. An additional 29% were managing to proceed along the appropriate developmental continuum despite intermittent feelings of sadness, resentment, anger, and deprivation. A shocking 37% of the children and adolescents, however, continued to manifest symptoms of depression ranging from moderate to severe even after the five-year adjustment period (Wallerstein & Kelly, 1979). Anger as a defense against pervasive sorrow, fear, frustration, and helplessness was a crucial element contributing to the continued poor adjustment of many of these youngsters and teens (Wallerstein & Kelly, 1980).

Two typical response patterns were apparent in the children at the five-year follow-up. One response was for the children to become increasingly sensitive to the needs of their parents. These children became compassionate, helpful, responsible members of the household. Other children became strongly aligned with one parent against the other as a release for anger that a previously close relationship had now ended. Thus, despite the fact that two-thirds of the children in the sample had regained normal functioning at the five-year mark, one-third was still significantly depressed

or disturbed. One-half of the total sample still did not regard the divorced family circumstances as an improvement over the family situation before the divorce (Wallerstein & Kelly, 1979).

The children who exhibited progressive adjustment at the five-year follow-up were those who came from divorced families in which the necessary parenting, nurturance, and stability had been reinstated after a brief period of parental deprivation. The researchers suggest that it is not only the intensity of the loss experience for the child that affects eventual mastery, but the provision, if any, of compensations for the loss incurred. Parents who managed to contain the dissension between themselves and permit their children to receive love and support from both parents had children with better long-term adjustment at follow-up. Children who were provided nurturance from only one parent but were not subject to rejection from the other parent also did well, despite the uninvolvement of the estranged parent. The rejection of either parent was found to be a significant correlate to continued depression and maladjustment in the child. A stable and supportive parental relationship immensely aids in the child's adjustment to divorce, while an insecure, unreliable, and frustrating relationship hinders the child's ability to master the divorce crisis. Wallerstein and Kelly noted that unreliable paternal visitation was linked with continued depression in the child (Wallerstein, 1980).

They also reported that a reliable visitation structure and a good father-child relationship after divorce were correlated with a higher sense of self-esteem in the children at follow-up (Wallerstein & Kelly, 1979).

It is useful for clinicians to be aware of the factors which greatly influence paternal visitation patterns. Fathers appear likely to visit younger children more frequently, since older children (especially those between the ages of 9 and 12) directly express their anger about the divorce. The child's responsiveness to parental visitation has a crucial influence on the frequency and regularity of visits. The custodial parent's attitude about visitation proved to be less important than might have been expected. In addition, no correlation between the parent-child relationship before divorce and the relationship after divorce was noted. The essential element extracted from these findings is that the pattern of parental visitation has a profound effect on the child.

There are numerous variables which determine the quality of visitation with the estranged parent. These can be addressed in treatment to help the child understand more accurately the reasons for instability of contact. Many children attribute lack of parental visitation to their own inadequacy whereas quite often it is more a function of the parent's emotional difficulties. Other children may need guidance to examine the ways in which their own hostile, angry attitudes

unintentionally drive the visiting parent away. In such cases, more appropriate aggressive releases can be provided and the child's anger can be explored therapeutically. This will make pleasant parental visitation feasible and enable the child to attain the supportive advantage of two parents.

Knowing the child's relationship with both parents before and after divorce is an important element in understanding the child's reactions to changes which have occurred. Many psychological reactions in children are linked to abrupt and painful alterations in relationships after parental divorce. For example, visitation practices are often difficult for both parent and child to maintain. This is due to new unfamiliar elements which enter into the visitation relationship such as time limitations, strained or unrealistic attempts to engage in fun-filled activites, and the threat of inevitable departures. Children are not aware of all the intense guilt and emotional reactions stirred up in parents during visitations which may be a contributing factor to decreased contact. The clinician must be prepared to deal with the child's intense disappointments, feelings of rejection, and mistaken conclusions that he or she is unloved and unlovable. These feelings will usually emerge after a tense visitation or a disappointment over having been "stood up" by a parent. These reactions, when left unaddressed, allow feelings of unworthiness to fester and to undermine the confidence necessary for children to emerge as fully functioning,

psychologically healthy adults. In general, Wallerstein and Kelly's major findings concerning relationships with parents after divorce suggest that a positive, stable interaction with both parents is necessary for optimal child development.

The process of adjustment after divorce has three stages in children according to Wallerstein and Kelly. The initial acute phase immediately following divorce elicits many characteristic responses that can be clustered according to age. The transitional phase (1 ½ to 3 years after divorce) brings the beginning of healing and cessation of the intense emotional effects expressed in the intial phase. The re-established family phase, when this had occurred by the five-year follow-up, contains residual effects of the divorce trauma. The researchers suggest that it may be naive to pre-establish a time table for expected resolution of a divorce experience. They report that even at the five-year mark, many issues related to the divorce can still ignite a display of intense feelings in both parents and children (Wallerstein, 1980).

Clinicians who lack a specific understanding of the new complexity of the divorce experience may address a child's presenting symptom without exploring the underlying emotional significance of even a long-past parental divorce. Another unfortunate possibility is that the clinician may embark on a mission to uncover deeply-rooted conflicts in the child's

past while failing to address the reasons for the psychopathology and maladaptive development that had their beginning in the years after the divorce. It is suggested that clinicians obtain a detailed history of familial and parent/child relationships both before and after divorce. They should explore the situational variables in the child's present life, such as visitation, custody, and financial status of the household. This practice will help the clinician to address whatever effects these elements have had on the child's ongoing psychological development.

The five-year mark revealed many intense changes in the family unit such as numerous relocations, changes of schools, changes of friends, decreased financial status for single-parent households, and a large percentage of remarriages. These were all changes necessary for the children to integrate (Wallerstein & Kelly, 1980). Information gathered about the divorce experience is put to appropriate use if it is included in the treatment of the child. Despite symptom reduction and the reversal of regressive trends that may have been achieved in treatment, it is crucial to bear in mind that the emotional effects of divorce are long-term and pervade all areas of the child's psychological growth. Wallerstein (1983) most recently reports that even 10 years after divorce, residual elements of trauma are still apparent. Many children describe the divorce as the most significant event in their lives. Wallerstein describes the effects of the divorce as interwoven in

the character, attitudes, expectations, and general outlook of the child. This forms a complex, overall orientation that has had to be integrated into the natural process of development (Solnit, 1970). The individual nature and response of each child is clearly evident in the outcome of this process. The clinician is forewarned that the existing theories of psychosexual phases and developmental stages are of limited value in understanding fully the unique experience of the individual child of divorce. A richness is added to the clinical treatment when awareness of divorce as a long-term process is maintained by the clinician and the specific, idiosyncratic perceptions of each child of divorce are explored.

Effects of Parental Divorce in Adulthood

Kulka and Weingarten (1979) researched the long-term developmental effects of divorce as manifested in adult adjustment. The global adjustment of adults who had experienced divorce as children was not significantly different from that of adults having an intact family background. It was noted, however, that those from divorced families were more likely to report their childhood as being the most unhappy time in their life. It also appeared that the divorce served as "a marker event" by means of which these adults had organized a perceptual framework influencing their adult responses, evaluations, and definition of life roles. The negative impact of a parental divorce in childhood was thought to be of greater and more enduring psychological concern for

male adults than for females. Adult males from broken homes reported more psychological stress than adult females or their counterparts from intact family backgrounds. Depressive reponses noted in childhood after parental divorce abated as a function of time, as the child realized that the loss of the parent was not permanent. This is not the case with the death of a parent. The elements of depression in the cases of parental death often remained into adulthood. The prevalence of chronic depression in adults who had experienced parental divorce as children was rare when compared with adults who had experienced the death of a parent in childhood.

A self-report survey (Kulka & Weingarten, 1979) indicates that adults from broken homes report more discord in their own marriages than adults from intact families. This may be a function of a more open attitude towards admitting such facts. There is evidence to suggest that coming from a divorced family fosters a more complex view of the cognitive and affective components involved in a marital relationship. Such sensitivity makes these adults more aware of subtle marital imbalances. Although these adults do marry, they are reportedly more likely to be willing to divorce or separate than individuals from intact homes. In addition, women from divorced backgrounds rated the marital role as less important than did their female peers from intact childhood families. Other research findings (Gay & Tonge, 1966) note a trend toward marital disharmony in women who had endured the loss of one or both parents in

childhood due to parental separation or divorce, but no such trend in men was found.

Research conducted on adolescents between the ages of 15 and 17 showed only slight differences in attitudes towards marriage and family to be correlated with parental marital status (Gagnong et al., 1981). Teenagers from divorced or remarried families had a more cynical view of marriage and felt that people married for reasons of loneliness, sex, and security. Teens from intact homes rated love and companionship as the primary motives for marriage. However, these differences were statistically very slight. It appears that attitudes towards marriage and marital roles are defined more by cultural influences and stereotypes than by family lifestyle or parental loss. Both male and female subjects espoused stereotypical values connected with the notion of the ideal family. This occurred despite the familial background of the teens, suggesting that the stereotypical myths propounded by the existing culture influence the perceptions of all adolescents regardless of parental marital status (Gagnong et al., 1981).

The effects of parental loss in childhood on later adult adjustment can be evaluated with difficulty when mental illness has occurred. Bowlby (1952) reviewed the existing controversy over research results on parental loss. He concluded from studying the literature that there tends to be a more frequent history of parental loss (of one or both parents in childhood) for mental patients than for the general

population. Despite these findings a causal linkage between parental loss and mental illness is still not certain due to methodological flaws in the research.

Bratfos (1967) transcended methodological limitations by studying only patients with diagnosed mental disorders. He attempted to determine whether or not the incidence of parental loss was higher for certain forms of mental disturbance than for others. Bowlby's review (1952) had found parental deprivation to be more frequent in the histories of psychopathic individuals than in those of any other diagnostic group. Bratfos's work supports these results. He discovered a low incidence of parental deprivation in the background of psychiatric patients, a slightly elevated incidence for diagnosed neurotics, and the highest incidence of parental loss for psychopathic patients. The type of parental loss experienced by the patients in the neurotic and personality disorder groups occurred more frequently through divorce or illegitimate birth than through parental death. Loss of parent (s) by death was evenly distributed throughout all diagnostic categories in the study.

Gay and Tonge (1966) explored the possible predisposition of adults with histories of early parental loss to developing reactive psychological disturbances (such as reactive depression) rather than illnesses of a more endogenous nature (such as most psychoses). They noted that histories of early parental loss were more common among patients with

reactive mental disorders such as neuroses, specific personality disorders, or reactive depression than among patients with psychotic illnesses of an endogenous nature. The research data revealed that reactive depressions were primarily associated with loss of the opposite-sexed parent, while neuroses and personality disorders were more closely linked to the loss of the same-sexed parent. Those individuals in the psychogenic diagnostic groups appeared to have endured either the loss of their mother within the first five years of life or the loss of their father between the ages of 5 and 14.

The long-term negative effects linked to father-absence usually emerge out of a combination of three detrimental conditions; serious financial problems, psychological stress and strain after the divorce, and lack of parental attention. Ingredients for a positive outcome include strong maternal interest in the child's future career development and minimal expression of hostility by the mother concerning her past marital experience (Grossman, Shea, & Adams, 1980). An association has been found in adult men between frequent, long-term unemployment or absences from work due to illness, and loss of father through parental separation (Gay & Tonge, 1966). Such occupational maladjustment may be linked with the findings of Kulka and Weingarten (1979), which report increased stress for adult men with histories of parental divorce. It is possible that constant high levels of

stress would lead to difficulties on the job.

There is research evidence to suggest that the impact of parental divorce in childhood is similar to that of any crisis. Divorce as a crisis does have an impact on the individual but the effects fade with time (Wallerstein & Kelly, 1980; Hetherington, 1978; Kulka & Weingarten, 1979). Studies of college students have shown parental divorce to have had negligible effects on numerous crucial personality variables and demonstrated the development of effective coping strategies to help mitigate the traumatic stress (Luepnitz, 1979). This lends positive support to the view of divorce as a crisis which leads to no permanent damage in adulthood.

A newspaper survey conducted to determine the long-range effects on adults of parental divorce in childhood reported lower self-esteem and much loneliness in adults from divorced family backgrounds (Carin Rubenstein, editor's communication, January, 1980). Many elements of separation anxiety were noted in these adults such as fear, anxiety, and anger when alone. It appears, however, that despite these results the capability for satisfactory interpersonal relationships and behavioral adjustment is more significantly linked to factors in childhood experience other than parental divorce (Grossman, et al., 1980).

The child's perception of the divorce will deeply affect his or her eventual adult attitudes. For example, a child

who views parental divorce as a personal rejection will have a different attitude as an adult towards marriage, family, children, and himself or herself than a child who is helped to view the divorce as an unfortunate family situation for which he or she is not to blame.

Contrary to the findings of the newspaper survey just cited, other research indicates that parental divorce in early years does not have a deleterious effect on adult self-esteem and sense of personal efficacy (Kulka & Weingarten, 1979). A mutually agreed upon divorce communicates to the child that divorce can be an avenue of successful problem solving. This is more desirable than the endless confusion and turmoil endured by children in conflict-ridden intact families. Divorce as a model for positive action enables some individuals to effectively handle irreconcilable conflicts which arise in their own personal relationships (Kulka & Weingarten, 1979).

Grossman, et al., (1980) found no major differences on measures of ego development, locus of control, or identity achievement (the degree to which an individual was able to make a personal commitment to occupational, religious, or political aspects of his or her life) between college-aged adults from divorced families and those with intact family histories. Sex differences in this sample were not noted. This suggests that although previous studies did reveal somewhat more difficulties for men, this does not hold true when the latter are compared with an entire population of adults from intact family backgrounds. A tendency does exist,

however, for men from divorced family backgrounds to be less involved in the parenting role than men from intact families whereas mothers from divorced families respond to parenting in a very involved manner (Wallerstein & Kelly, 1980). It appears that two underlying dynamics occur in such a situation. First, these individuals from divorced families may be emulating the parenting style with which they are most familiar. Second, they may be unconsciously conducting themselves as if preparing eventually to become single parents themselves. In any case, it seems that adequate parenting provided to a child of divorce enables such an individual to become a capable and effective parent in turn.

Nonetheless, parental divorce experience in childhood may have psychological sequelae in adulthood for certain people. The clinician must thoroughly explore the impact and psychological significance of parental divorce for each adult client. Exploration of the total childhood experience can bring about a better comprehension of the adult's unique interpersonal style and cognitive processes. It may also explain the particular motives and attitudes the patient possesses as a parent towards his or her own child.

Suicidal tendencies in adulthood.

In view of the possible long-term effects of divorce, suicidal behavior in adults who have endured parental divorce should be addressed. Since the appearance of Freud's classic

work "Mourning and Melancholia" (Freud, 1915), psychoanalytic theory has posited a strong connection between the loss of a significant love object and depression possibly leading to suicide. Many studies reveal parental loss in childhood as a common variable among suicidal individuals (Greer, 1964, 1966; Palmer, 1941). Dorpat (1965) postulated that the type of loss experienced may be related to the seriousness of the suicide attempt. For example, he reported that those who had lost a parent via death had a higher incidence of successful suicide than those who had lost parents by separation/divorce. This second group appeared to have made more suicide "attempts" which did not result in death. The loss of a significant interpersonal relationship other than one with a parent can also be a "trigger event" for a suicidal gesture.

Adam, Lohrenz and Harper (1973) discovered that suicidal ideation was significantly more prevalent among subjects who had experienced early parental loss than among controls. They found, contrary to Dorpat, that the type of parental loss (be it death or divorce) was not a significant factor in determining the prevalence of suicidal ideation. The exact age at which the subject sustained the parental loss was also not significant in these research results, although in general, parental loss sometime in childhood did influence the development of suicidal ideation. Goldney (1981) found similar results, suggesting that early childhood parental loss does

contribute to adult suicidal behavior. Goldney's study also found that the type of loss (death/divorce) did not influence the lethality of the suicide attempt. The literature has identified five stressors in childhood which clearly distinguish suicidal patients from control subjects. It is not hard to imagine these stressors as commonplace in the lives of children of divorce. They consist of: 1) a broken home; 2) frequent parental quarrels, 3) frequent disagreements between parents and child; 4) poor physical health in childhood (consider somatization defense); 5) negative perceptions in the children of their parents' character.

Koller and Castanos (1968, 1969) studied the variable of early parental loss in suicidal subjects within a prison population. Their first study employed controls from the non-suicidal general population and compared them to suicidal subjects from hospital and prison populations. Prisoners with a suicidal history had typically experienced parental loss of an irreversible nature (death or divorce without subsequent contact). Further study showed that there was a greater incidence of parental loss in suicidal prison populations than in the general psychiatric population. These findings bolster the hypothesis that early parental deprivation is causally linked to suicidal behavior, and that this behavior is a manifestation of pathological development in the personality (Bowlby, 1965; Audry, 1962). The high

incidence of prisoners with histories of parental loss and the increased prevalence of suicide among individuals who experienced early parental loss illustrate possible consequences of divorce in adulthood.

It is for this reason that childhood losses must be addressed in the treatment of the adult patient. Clinicians aware of the effects of parental divorce on children are better able to observe and identify adult reactions and compensations for past experiences of loss and deprivation as manifested in the patient's current behavior and outlook. Knowledge of the effects of divorce on children is therefore useful even for those clinicians who chose not to work with a child population.

## CHAPTER III

## PERSPECTIVES ON DIVORCE

### Divorce as a Crisis Event

Much research views divorce as primarily a crisis event implying that the effects of divorce are not permanent. Luepnitz (1978) divides the crisis of parental divorce into three phases entitled 1) pre-divorce, 2) transition beginning with the announcement of the pending divorce, and 3) post-divorce. Children in her research population evidenced nine typical coping strategies utilized throughout the separation and divorce period. It is well known that any coping strategy used excessively has the potential to become ineffective and damaging. For the child of divorce, however, coping strategies used appropriately and in moderation are adaptive and helpful in managing the stress and anxiety experienced during the crisis stages of divorce.

Somaticizing in response to parental arguments was a common coping strategy reported by half of the children. This passive strategy is least likely to foster crisis resolution. Other less effective coping strategies of young children included self-isolation from family fights and escape into fantasy. Many youngsters developed an imaginary companion or told exaggerated stories about their experiences with the estranged parent.

As children become older, they may elect to cope with parental fights by intervening as referee. This was reported to be particularly ineffective in managing the child's anxiety. More effective coping strategies used by the older children included seeking alternate sources of gratification outside the home, spending more time away from home, and securing a social support system of extended family, siblings, peers, and teachers as role models or confidantes. Only one subject in this sample entered therapy as a coping effort and the results were reported to be most beneficial. This was considered an advanced coping strategy for the child. The therapist and patient engaged in a process of reflection and cognitive restructuring of the crisis experience. This effort was geared towards providing an accurate interpretation to the child about what had occurred. Next, the child began a process of determining how to deal with the event in terms of life decisions and behaviors.

The results of the Luepnitz study suggest that conceptualizing divorce as a crisis does not imply that the event is a disaster. On the contrary, the opportunity to emerge from a crisis with increased strength and confidence is an inherent implication in a crisis model. Parental divorce is no exception. Grossman, et al., (1980) portray divorce as a normative life event equivalent to other events such as marriage, birth of a child, death, etc. Many of these life events, including parental divorce, can be, and often are, stressful for children as well as parents. Moore (1975)

points out however, that individuals possess varying capacities to withstand stress, some without permanent psychological damage. Rosen (1979) emphasizes the need for caution in concluding that because divorce is a crisis irreparable damage necessarily results. A child who has experienced the crisis event of parental divorce does not always emerge from the experience with pervasive or long-standing emotional damage.

Mc Grab (1978) cites previous research that shows the traumatic effects of divorce on children to be directly related to the child's perceptions of his or her home life in the pre-divorce period. When children viewed their home life as happy before the divorce, the divorce experience seemed much more traumatic. Mc Grab further viewed the loss of a parent through divorce as similar to the loss of a parent through death. He maintained that in either case a mourning process must take place in order to facilitate healthy integration of the parental loss.

Conceptualization of divorce as a "natural life crisis" allows for clinical interventions that deviate from more traditional, pathology-oriented treatment models. Referral problems are no longer viewed as psychological damage with questionable prognosis, but rather as crisis reactions amenable to crisis intervention or other therapeutic techniques. It is unrealistic to expect any life crisis event to occur without some ensuing psychological

disequilibrium. However, the occurrence of permanent damage should not be assumed until it is apparent.

The mental health professional is a key person to assist a child in crisis. Often, concerned individuals in a child's life become preoccupied with the divorce crisis and lose sight of the child's own resources for coping with the life event. The mental health professional can present a less distorted view of the child's crisis reaction to the parents or teachers involved.

Rutter (1981) states that it is more important how an individual copes with a stressful event such as parental divorce than the actual fact that the crisis event occurred. A child's coping ability is based largely upon his or her individual qualities including personality style and cognitive capacity for appraising the divorce. Effective coping strategies serve a dual purpose of regulating emotional distress and providing an element of problem-solving to bring relief. Rutter (1981) asserts that there is no one best coping strategy for all children of divorce. The effectiveness of an individual's coping syle is dependent upon the characteristics of the situation, the personality and cognitive characteristics of the person in crisis, his or her history of previous life crises, and what constitutes relief. For example, a person's general attributional style (cognitive interpretation) or earlier loss experience could precipitate certain reactions to a divorce crisis that a child with a different attributional style or no previous losses would

not manifest.

There are three types of coping in times of crisis. The most desirable method of dealing with life stressors is to utilize conscious, reality-oriented coping mechanisms. Such efforts towards resolution of a problem lead to positive changes for the individual. These include the aquisition of new coping skills, alterations in old cognitions, and upgraded self-definition, and a sense of mastery. Since these are the primary goals of therapy, individuals in crisis who seek therapeutic assistance often find it helpful in establishing effective psychological coping strategies. Therapy serves to stabilize the person and foster eventual growth and recovery.

There are less effective coping strategies which must be monitored. They involve unconscious defensive styles of rigidity and distortion. Employment of such defenses on a long-range basis leads to gross misperceptions of the crisis event, with consequent negative ramifications. When defensive maneuvers fail, the individual is left to rely upon flimsy, fragmented coping processes. He or she begins to respond to the crisis purely in terms of affective needs. This leads to repetitive behaviors which are usually ineffectual in binding anxiety, which is critical in times of crisis (Rutter, 1981). This predicament may occur in both parents and children during divorce, since the entire family is affected by the crisis.

Divorce may be viewed as either a crisis event or a long-term process. These views are not mutually exclusive. The initial phases of divorce and the transitional period undoubtedly constitute a crisis event, with all the potential growth and mastery options this implies. The post-divorce period encompasses a long stretch of time, and is therefore an ongoing process. In each new phase of life the earlier divorce experience will need to be reintegrated. For example, a young man or woman whose parents divorced early in his or her childhood will need to integrate the divorced familial status into wedding plans, involvement of grandparents with offspring, and future life events. This reality need not pose constant problems if healthy coping mechanisms have been acquired and good adjustment has been accomplished. Nonetheless, the post-divorce period is a continuous process of integration.

Divorce as a Process

The perspective that divorce is a process rather than a single event has developed out of the observed trasitional stages which occur as changes are made in lifestyle and familial relationships after divorce (Hetherington, 1979). There are numerous stresses, of which uncertainty, conflict, loss, and drastic alterations in lifestyle are only a few. Many of the problematic situations respond well to a crisis intervention model, but not all. Crisis intervention usually ameliorates the short-term effects of the trauma, thereby avoiding disruption of the normal developmental sequence in

the children. Since the stock piling of multiple stressors is most likely to cause a disruption in the child's developmental processes, addressing these issues on a crisis basis is one way to prevent a build-up of stress over time.

There are many changes in a child's life that ensue after parental separation. Lowered financial status is one of the most common and deleterious stressors to manage. These major alterations in economic status bring about changes in family functioning, roles, social contacts, family relationships, living arrangements, etc. The downward spiraling in economic status of the fatherless family is generally a function of the low-paying jobs available to most women. Many of these jobs are irregular, unreliable and unrewarding. A crisis intervention approach does address stresses such as this one and provides an immediate direction for action in specific areas. However, if one considers the aftermath of divorce as an extended adjustment process, crisis intervention is not always sufficient.

There are many unexpected stressors that continually arise after divorce. Erratic provisions for child care, resulting in variable meals and bedtimes, are a constant problem. Awareness of this causes much anxiety and resentment in the overburdened custodial parent. The mother's return to work soon after a divorce frequently causes double trauma in preschoolers, who begin to perceive themselves as having lost both parents.

Another common stressor is the necessity of uprooting children from the home and social environment in which they feel secure. They are forced to relocate, usually to a lower status neighborhood and school setting. The process of adjustment is then further complicated by a loss of friends and familiar support resources. Hetherington emphasizes the lack of attention given to identification of the social support networks used by children of divorce to aid themselves in coping with the sudden changes precipitated by parental divorce. She noted that older children use peers and school quite effectively as channels of support. Other external support systems such as the extended family or community services, are used more by lower income families than by middle income families. Many women cannot successfully compete for higher paying jobs due to insufficient education, training, or experience. These multiple stressors may not always arise during the initial phase of divorce. As time passes, each new problem that emerges for the family will contribute to the process of continual adjustment.

Kelly and Wallerstein (1976) support Hetherington's position that it is important to view divorce as a process or chain of events rather than a singular occurrence. They note that assimilation of the numerous far-reaching alterations in life style after divorce continues for many years after the initial break. They outline a timetable for recovery as expected by our culture and by professionals involved in the

treatment of such cases. This attitude implies that at some point in time the individual affected by divorce is expected to begin to act as if the crisis had never occurred or has no present ramifications. Instead, Wallerstein and Kelly (1980) document that the emotional response to divorce still remains strong at the five-year follow-up period. They suggest that it is not yet known how long the effects of divorce resonate in a child's life. A perspective which does not employ a timetable is essential in clinical treatment. Individuals are a composite of their life experiences. They respond to each new event based on a repertoire of past experiences, acquired knowledge, and affective responses. In keeping with this idea a child of divorce will incorporate the divorce experience into his or her present-day response repertoire. This is not particularly shocking especially since the majority of adults and children interviewed five years after divorce still displayed many vivid, intense feelings about the divorce experience. Some exhibited a deep insight which reflected much inner searching carried on over the years.

Jacobson too (1978a, 1978b, 1978c) considered the importance of looking at the chain of events in the divorce process when conducting research in order to investigate the process of adjustment that children of divorce demonstrate when they are in treatment. It is difficult to address within a research format the unpredictable, endless alterations in the child's post-divorce experience. In treatment, on the

other hand, clinicians can acquire extensive demographic information on lifestyle changes since the parental divorce. This can be done through initial and periodic interviews with the parents, usually accomplished with much ease, since divorced parents are often preoccupied with such concerns and welcome any opportunity to discuss their worries. As treatment with the child ensues information will preferably be provided by the child once a therapeutic alliance has been established. From this information there gradually emerges a portrait of the continuing divorce process experienced by the child. Each event in this process will require a new adjustment and integration by the child (i.e. father acquiring a new woman friend, mother going on dates, etc.).

Wallerstein and Kelly (1980) note three stages of divorce adjustment in their sample. The initial phase of separation elicited acute stressful responses in nearly all the children. These effects had diminished by the first year follow-up. The second phase, or transitional period, lasted 2-3 years after divorce. It included extensive changes in external environmental factors, socially, economically, and within the family. Relationships with relatives, friends, and new acquaintances were radically modified as well. The third stage was observed at the five-year mark and dealt with the re-stabilized single-parent family or the integration of a remarried family arrangement. At this five-year point a wide spectrum of outcomes was reported. Many families had managed to integrate the divorce experience successfully and rebuilt a happy

familial environment. Others, however, were still struggling and no happier than they had been before the divorce. It seems that what is imperative for a healthy adjustment is that something supportive be available or created to replace the loss caused by the family break-up.

A "blamily" (the remarried family - a term coined by the author), can be a most valuable asset to the child in promoting divorce adjustment. The term blamily closely resembles the term family, and it is in this spirit of close resemblance that the remarried blamily can work together to create a supportive and nurturant environment. The term blamily implies recognition that the remarried family can never be for the child identical to the family that once was, but that it can be a close approximation and provide many similar rewards. It is only realistic to note that differences which do exist between the original family and the blamily will always remain. A blamily can never be the old family. Its purpose is to act as a substitute and serve as a new support network without replacing old family ties. Using a term like blamily implies that the child need not abandon or force out the remnants of the old family to make room for the new one. The child is permitted to maintain the family roots which still mean so much, and view the blamily as a new, non-competitive addition to his or her resources. Use of the term blamily also defines the remarried family unit as a valid separate entity worthy of a unique label

rather than a descriptive term such as "blended family". The term blended family which has been much used up to now reflects the hope that the new family will indeed blend its various components into a unit. This is not always the case. When it does not, the term blended family becomes questionable. A blamily denotes a distinct entity without regard to the harmonious or conflicted state in which it exists. A blamily in conflict seems more realistic than a conflicted blended family. A blamily has its own specific problems. Original families continue to exist whether they be united or separated. It is only as the combination of members from different original families unite that a blamily can be defined.

There are additional aspects of the divorce process rarely commented on but worthy of mention. Fulton (1979) notes that many post-divorce families contain highly mobile children who shuttle from one home environment to another. This aspect of the divorce process has not yet been researched and its effects are unknown. Economic changes and residential relocations which create drastic alterations in the lives of children of divorce also remain largely uninvestigated. Weiss (1979) discusses the breakdown of the two-parent authority system which results in a greater involvement of the child in important discussions related to the family. Weiss views this as a major promotion for the child from total subordinate to junior member of the household echelon. He suggests that this is a primary component of the pseudo-mature attitudes

commonly found in such children with regard to household duties, obligations, and responsibilities. It is surprising that increased child involvement in household responsibilities has been studied so little, since it appears to be an inevitable alteration reported by custodial parents.

Rubin and Price (1979) maintain that the chain of events following divorce can be particularly damaging to children if embittered battles between parents are a part of that process. The children's natural inclination is to attempt to keep a positive relationship with both parents. Such attempts are often painfully thwarted in prolonged custody battles or complaints about insufficient support, even though these issues are critical to the survival of the single-parent family or blamily. Tableman (1981) notes that children caught in the middle of parental skirmishes certainly experience divorce as an on-going traumatic process rather than a single crisis event.

Sorosky (1977) points out that Westman distinguishes divorce as a process as opposed to death which is a single event involving an abrupt, final loss and subsequent bereavement. Divorce, on the other hand, is a radical alteration of family relationships which causes continual turbulence. Parent-centered turbulence ensues when parents perpetuate marital discord after the divorce arrangements. Child-centered turbulence stems from the child's endeavors either to reunite the parents or manipulate them in such a way that familiar family conflicts flare up soon after divorce. A third type of turbulence is parent-child oriented. In such instances, one parent and

the child will unite against the other parent. The fourth turbulence is induced by relatives and in-laws. Negotiating their way through these complex traps is difficult for both parent and child. If they enter treatment, these potential trouble situations must be pointed out by the clinician. Usually, the victims are too enmeshed in the struggle to be aware of what is taking place or what part they play in perpetuating it.

Despert (1962) postulates that the process of divorce begins long before the actual physical separation of the parents. She labels the deterioration in communication between parents "emotional divorce", and it is this deterioration which initiates the divorce process. Despert asserts that the children are conscious of parental emotional divorce. She found that children from divorced homes were less psychologically impaired than those from intact families where emotional divorce existed but no legal action had been pursued. In such instances, parents frequently turned towards their children for the emotional support which should have been supplied by the spouse.

Referral Problems of Children of Divorce

Children from divorced families are not usually referred for treatment because of the divorce itself, but because of some behavioral symptomatology that sparks parental concern. The presenting behavioral system is usually intolerable, either at home or in the school setting. In a study by Kalter (1977) children of divorce were found to constitute nearly one-third

of the referral population in his sample. Equally distributed in terms of gender, many showed symptoms of high but temporary distress. The referral reasons differed from those presented by children from intact families. Depression, delinquency, anti-social/behavioral problems and enuresis were more common in children of divorce, while fewer difficulties were seen in sleeping and eating and there was less anxiety and neurotic symptomatology.

Most referral problems concerning children of divorce can be diagnostically classified as adjustment disorders with associated features such as depression, anxiety. mixed emotional features, disturbances of conduct, or withdrawal (Diagnostic and Statistical Manual of Mental Disorders, 1980). Divorce is cited as a typical psychosocial stressor likely to bring about an adjustment disorder. The divorce experience involves difficulties in adjustment for both parent and child. Since an adjustment disorder can begin at any age, it is quite possible to be dealing clinically with this diagnostic syndrome in both parent and child simultaneously. In children, the adjustment reaction to parental divorce may coincide with adjustment reactions to normal yet stressful periods in the developmental process. This compounded adjustment disorder is quite common in children at peak stages of development such as the Oedipal phase or adolescence.

Fulton (1979) polled divorced parents (560 mothers and fathers) to determine their views on seeking help for their children at some point during the divorce process. They were

asked how they thought the divorce affected their offspring. The majority of parents felt that the divorce had affected their children in some negative fashion, although in most cases little or no professional help was sought for the children. Seven percent of the parents reported having taken their children for professional assistance and only three percent had sought family counseling.

Parents who do seek guidance are usually concerned with how and what to tell the children about the pending divorce. They want information on the affects they can expect divorce to have on the children so that they can determine when to seek further professional help. A role is carved out for the mental health professional in the parent's inherent need. The professional can help to provide information about the natural reactions to parental divorce and the indications and contra-indications for therapeutic intervention. Most parents are overwhelmed and seek reassurance from the child-oriented professional about their children's welfare. For example, many mothers become quite concerned about "father-absence" after divorce. They require reassurance that their provision of a stable and reliable relationship with the child is essential in helping the child weather the divorce trauma. This will help to reduce the mother's anxiety about father-absence (Bernard & Nesbitt, 1981). It is the custodial parent's ability to provide security and meet basic needs which allows for satisfactory adjustment by the child after parental divorce. These basic necessities supersede the need

to have both parents present, although the loss of either parent does indeed have a great affect.

There were eight symptoms reported to be of major concern to parents for months or even years after the divorce. For children 6 years old and under, these symptoms included bedwetting, temper tantrums, and unusual fears. Children aged 6 to 12 typically manifested nightmares, moodiness, and a variety of somatic complaints such as headaches, stomachaches, etc. Children over the age of 13 were most likely to manifest truancy from school and other scholastic problems, either behavioral or academic. It is interesting to note that although the majority of parents perceived the divorce to have negatively affected their children, they were also able to enumerate ways in which the divorce had improved the child's quality of life. Perhaps it is this mixture of guilt and relief that makes it difficult and painful for many parents to closely examine the possible effects of divorce on their children.

Presenting problems of aggression, depression, scholastic difficulties, or brushes with the law are common in children of divorce (Tableman, 1981). These symptoms are most easily tolerated by parents and in fact are often called to parental attention by outside agencies which request that the parent seek therapeutic services for the child. Parents usually have difficulty seeing referral problems in their children as related to parental divorce, even when they acknowledge the

event as a painful, difficult adjustment for the child. They tend to cling to the positive aspects of the divorce arrangements and attempt to mask the negative ramifications for the children, perhaps due to guilt they do not wish to face.

When a child has been referred to a mental health facility or private practitioner, many professionals will record demographic data on the child along with detailed information about the referral problem such as the extent and duration of the existing symptomatology. It is rare that the divorce of the parents alone is deemed to be the source of the referral problem. It appears, however, from research in the field to date, that a child's reaction to divorce constitutes an acute reaction syndrome. Clinicians must be careful not to overlook the impact of parental divorce on the child's current functioning.

Identifying divorce specifically as the referral problem acknowledges it as a realistic factor in the child's life which he or she will need to accept and cope with on an on-going basis. However, it is not advisable to view every divorce situation as problematic or as a sufficient reason for referral to a mental health facility. As in all life crises, it is the reaction of the individual that is most crucial in determing the need for therapeutic intervention. Knowledge of the research findings presented in this review will enable the mental health professional to identify which presenting problems are probable reactions to parental divorce. These

symptoms can then be targeted with determination to reduce or eliminate the symptoms as part of the therapeutic goals.

# CHAPTER IV

## THE ROLE OF THE MENTAL HEALTH PROFESSIONAL

The popular literature is replete with advice by clinicians to parents on discussing a pending divorce openly with the children (Gardner, 1970, 1977; Wallerstein & Kelly, 1980). Jacobson (1978b) researched the effects of parental explanation on children's subsequent adjustment and found that the more discussion about the divorce there had been the less cognitive confusion and difficulty in learning was shown by the child later on. The sample showed that children who were aware of serious marital discord in the home for a long period of time and who were permitted to discuss the divorce freely showed less aggression and more maturity. She concluded that parental attention, encouragement of discussion, freedom to approach parents with problems, and a prolonged awareness of the reality of parental disharmony were four major factors leading to better adjustment in children of divorce.

Jacobson (1978a, 1978b, 1978c) explained the results of her three part investigation of thirty divorced families in terms of anticipatory socialization and anticipatory worry. She characterized the child's new role in a divorced family as strange and unfamiliar. In accordance with anticipatory socialization theory, discussion about and familiarization with a role before it is adopted ease the stress of role transition.

Research results suggest that awareness of inevitable changes along with freedom to discuss these changes aid the child in preparing for the new role of living in a single-parent household. This is a valuable point for the clinician to consider. Children of divorce undergo major alterations in their familial roles which are unfamiliar and anxiety-provoking. These children need patience, understanding, and support to help them master the unfamiliar and complex role. A clinician sensitive to the altered lifestyle of the child after parental divorce is a valuable asset amidst the confusing changes these children must undergo. Expectations that a child's life will remain as carefree after parental divorce as it was before are often unrealistic. It may even be undermining to the therapeutic relationship to entertain such a view. Biases such as these communicated by the therapist can cause feelings of embarrassment and anxiety in the child. In addition, it makes the child feel that the therapist does not recognize the realistic burdens and responsibilities he or she now faces. The demands parents place on their children after divorce are often a matter of necessity for the survival of the new family unit. The understanding of the clinician is essential if the child is to be able to release any feelings, whether these be resentment or positive reactions such as increased self-esteem and confidence related to the new role. Empathy and permission for freedom of expression allow the child to explore his or her inner reactions and eventually integrate the new role into a changed personal identity.

Jacobson utilizes a second theoretical component in describing children's reaction to parental divorce. This is termed anticipatory worry, which is defined as a response to a predicted threat that the child expects will eventually become a reality. An example of such a situation is anticipatory anxiety over a pending operation. The results of Jacobson's study (1978b) reveal that children repond with anticipatory worry when told about divorce. This provides an ideal opportunity for parents to encourage a detailed discussion of the separation process. Coping suggestions and free discussion enable the child to face the situation realistically and well equipped. Fostering denial decreases the child's chances for a healthy psychological adjustment.

Max Sugar (1970), views children's repetitive questioning about divorce as a manifestation of their separation anxiety and recommends that parents answer the questions in a consistent and reassuring manner. Clinicians should use a similar approach when repetitive themes emerge in play therapy with children of divorce, according to Wallerstein and Kelly (1980). Such repetitions are attempts at mastering and binding anxiety. They can be utilized in a therapeutic manner by means of observations and supportive comments from the therapist. When resolution of the anxiety has been attained, these themes will eventually fade. The mental health professional can also directly address the anticipatory socialization and worry processes. This will help the child to prepare for the

divorced family lif[illegible]yle to come.

Parental involvement has been hailed repeatedly as a necessary component of the child's healthy adjustment. The clinician must communicate this to parents in a tactful manner with deep sensitivity about the intense stress borne by the adults. Several studies (Jacobson, 1978a, 1978b, 1978c) remind professionals that there are no societal rituals in our culture to help people process and integrate the trauma of divorce such as those provided when death occurs. Parents as well as children are expected to maintain their normal level of functioning at school, home, work, etc., despite the private pain and turmoil in the divorcing household. Sensitivity in consultation with parents can help to alleviate their guilt feelings. Parents can also be aided to define a new meaningful role with their children which includes the essential nurturance and support they require. In addition, the clinician serves not only as a child advocate, but as a facilitator of communication between parent and child. Improving this dyad will provide substantial support for the child between therapy sessions.

The Role of the Professional in Treatment

The role of the mental health professional within the primary therapeutic relationship is quite complex. This is due in large part to the nature of the circumstances surrounding divorce. Wallerstein and Kelly (1977) report frequent displacement of anger and jealousy toward the parents onto the therapist. Adult male and female patients

struggling in the single-parent role may feel that the therapist does not understand their tribulations. They often attack the secure, desirable professional status of the clinician in an effort to ventilate intense anger over the recent losses brought about by the divorce. One aspect of the professional's role in such cases is to carefully monitor the counter-transferential material elicited in response to such patient attitudes. A sense of "survivor's guilt" and anxiety about one's own successful marital and family relationships are two other common countertransference reactions which have been identified by therapists engaged in the treatment of divorced families (Wallerstein & Kelly, 1977). Elements of counter-transference have been described as particularly strong in therapeutic encounters where there exist few differences between the therapist and patient on demographic variables such as social, economic, or educational status. These similarities easily stimulate projective identification and, in response, countertransferential reactions. The treatment of many such patients can become draining for the therapist. It is often helpful for therapists who are engaged in working with this patient population to meet with each other routinely to offer each other support and to process countertransferential reactions.

These transferences and countertransferences are also encountered when working with adults who are recently divorced parents of children engaged in treatment. There is a special quality to the therapeutic relationship with patients who

undergo divorce trauma. It includes an intense bond between the therapist and patient similar to that which develops between any two people who endure a crisis together (Wallerstein & Kelly, 1977). The mental health professional is frequently viewed by the patient (adult or child) as part of an extended family support system. For many clients this is indeed a reality as well as a transference issue in the therapeutic relationship. The adult's and/or child's need for this practical support must be addressed both realistically and therapeutically. Wallerstein and Kelly (1977) advocate intervening in an active, directive fashion with certain circumscribed issues while still maintaining neutrality as the primary therapeutic stance. This combination, which requires an artful balance of therapeutic skills, can supply much of the support a family would ordinarily seek. Many divorced parents and their children are ostracized from the family circle and are thereby cutoff from its supportive function. Establishing an atmosphere of comfortable neutrality with the youngster or adult is the necessary prerequisite for any complex therapeutic interventions, according to these clinicians. Neutrality is the curative element which is often unavailable in the family unit after divorce.

The Varied Domain of the Mental Health Professional

The role of the mental health professional in aiding children of divorce is multifaceted and covers a broad sphere of action, including the clinic, community, and school.

In the clinic.

During the therapy intake process, parents who have been recently divorced usually enumerate problems in daily living that focus on the child's difficulties in adjustment. It is essential to discriminate between divorce-specific reactions in children and psychological concerns of a more general and pervasive nature. Making such a determination as early as possible in treatment provides a clinical advantage, since a direct therapeutic approach can be most effective in dealing with many of the presenting problems that accompany parental divorce.

Oftentimes these presenting problems are not immediately identified as a function of parental divorce by either the parent or mental health professional (Benedek & Benedek, 1979). Clinicians aware of the effects of divorce on children can utilize their interview skills to expand the routine historical interview. Data would then be gathered about the nature of the child's daily environment and how this has been encumbered by parental divorce. This information would facilitate assessment of the extent to which the divorce encroaches on the child's emotional, social, and scholastic functioning.

The professional must employ flexible intervention strategies ranging from a deep intrapsychic focus to more goal-directed counseling of a crisis intervention nature. He or she must serve as a source of practical information on the topic of divorce as well as a neutral figure to whom feelings about divorce can be expressed. In short, a broader range

than usual of clinical modalities employed with divorced parents and children is more apt to meet both the psychological and practical needs of distressed family members.

An additional aspect of the mental health professional's role within an outpatient clinic setting is that of training and education. In-service training for ancillary staff can help stimulate sensitivity about the effects of divorce on children. Ideally, this new awareness will then be reflected in the atmosphere of service delivery. For example, social work assistants, secretaries and mental health workers who demonstrate understanding and tolerance in arranging convenient treatment times for working single parents and their children can make an important difference. Clinicians wishing to form groups of divorced parents and their children will need to arrange treatment times in accordance with parent-child availability, transportation facilities, and work/school schedules. The role of educating professionals about divorce can be used to enlist support from individuals in allied professions who are involved in direct contact with parents and children of divorce. Many clinicians prefer not to deviate from a neutral therapeutic stance. This can limit their ability to deliver specific, problem-focused information to their clients. In such cases, a significant amount of stress-reduction and education of divorced parents and children can be accomplished by professionals who are not responsible for the primary therapeutic treatment. An example of this model of service

delivery would be sessions designed to provide general information about the effects of divorce held at local schools for divorced parents and their children These could be led by knowledgeable teachers or members of the child study team other than the psychologist who maintains a primary therapeutic relationship with some of these same parents and children.

Education about the effects of divorce can help to quickly alleviate anxiety for many divorced individuals and their children. This concrete support could make their initial period of adjustment less stressful and give them time to engage gradually in the longer-term therapy process. Recent findings suggest two necessary aspects of working with divorced individuals and their children: specific, concrete, focused interventions are essential in combination with more intrapsychically-oriented interventions. To provide specific informational material on divorce without exploring the deeper idiosyncratic significance of the experience for the individual is as inadequate as an intense, insight-oriented approach that leaves the patient baffled about concrete aspects of the divorce situation.

The educative role of the mental health professional can be extended into the area of general medicine. Nurse practitioners can be trained to effectively lead divorce awareness groups that help to identify typical problems these children face. These issues can then be processed in individual therapy

after the group experience is over. (Tickfer, 1983). Sensitizing physicians to the effects of divorce on both parents and children encourages appropriate referrals for psychological services. Absence of such knowledge can cause physicians to overlook indications for psychological services related to divorce trauma. This oversight easily occurs with such patients as they are typically high-functioning and do not manifest blatant signs of stress and emotional upset. In fact, many of these distressed individuals attempt to camouflage their pain due to embarrassment. The family physician is a routine reliable contact to both parents and children. It is wise for the mental health professional to make himself or herself available for referral or consultation with medical practitioners. This will insure that individuals in need of divorce-related psychological services get the appropriate assistance and support.

In the community.

The mental health professional can play an educative role about the effects of divorce for the legal community. As a consultant, he or she can provide information to aid in decision-making of a legal or legislative nature (Hess & Camara, 1979). Legal policies and procedures often exacerbate the bad effects of divorce on children especially with regard to custody and child support issues. The legal system and law professionals lack knowledge about the psychological effects of legal procedures on the members of a divorcing family. This information needs to be disseminated among legal professionals

who work with divorcing parents and their children. The legal system could greatly benefit from classes on the topic of divorce given by mental health professionals. This might lead lawyers, like doctors, to become aware of their client's needs for psychological assistance and refer them accordingly. Lawyers and judges frequently exhibit a pervasive lack of awareness about the psychological issues surrounding divorce. Increased awareness of these professionals might encourage more humane divorce laws, custody arrangements, etc. A mental health professional acting as a liaison to the courts (attorneys, judges, etc.) could advocate legal decisions and legislation that would promote psychological health. He or she could also serve as a conduit to private treatment sources when necessary.

The civic community is in great need of education about the effects of divorce on parents, children, and the family unit. An education program disseminated on a community-wide scale could reach all strata of the socio-economic structure. Such information would be particularly valuable to individuals of low socio-economic status who would be unlikely to arrange for counseling on their own initiative, due to the cost and lack of knowledge about the services available.

The mental health professional can also offer his or her services to the religious community. Rabbis, ministers, and priests have considerable influence on their congregations and are very often the first persons that a troubled divorced individual seeks out for counsel. Adequate information about

the effects of divorce would enable religious leaders to effectively address the typical self-defeating responses to divorce they observe in their congregants. Instruction on the effects of divorce would also enable religious and community leaders to recognize a need for psychological consultation and make prompt, appropriate referrals. Well informed, responsible community and religious figures who will lobby for and support sensible legislation about divorce-related issues are urgently needed as well.

Many communities have unfortunately adopted distorted concepts about the divorced family lifestyle and the characters of the individuals involved. One reason for this is that the mass media have slanted general attitudes about divorce in reporting about some sensational cases. This family tragedy has become a topic for painful jokes at cocktail parties and some parents still forbid their children to play with friends from divorced families for fear of a negative influence from these children. Community members require an increased awareness of the accurate social, financial, and emotional sequelae of the divorce experience (Benedek & Benedek, 1979). Much of the social rejection of divorced families is due to anxiety experienced by those who fear that the same tragedy will happen to them. Wide-spread education of individuals and groups which influence the community is the most effective way to dispel the horrifying myths about divorce which still exist, and eliminate the social stigma many of these families must endure.

The single-parent family is an ideal target population for community interventions, since this group suffers from a paucity of support, despite the staggering number of individuals affected by divorce in the general population. Green (1981) recommends a framework ("HELPING"; Keat, 1979) to help in designing divorce support groups to be established at the community level. Green advocates that group interventions involve both parents and children to be most effective. The focus of such groups should be primarily educational. These groups can teach coping skills and provide support in a concrete, specific manner. Discussion and skill-training should promote self-help. The ultimate goal of community groups should be to enable individuals to gain a clear understanding of the various aspects of divorce and provide themselves with useful techniques for coping and obtaining support during the readjustment phase.

Guerney and Jordan (1979) propose a preventive community program for children of divorce. Instead of focusing on pathology, their model suggests a health-oriented outlook. The support group they discuss was tailored specifically for the community in which it was proposed. It was both sponsored and staffed by the community. The goals of the program were developmental rather than therapeutic in nature. They were intended to help the child develop a "realistic appraisal" of his or her life situation after parental divorce, provide him or her with problem-solving skills needed to ameliorate specific divorce-related problems, and increase his

or her self-esteem through the social support and self-disclosure inherent in group exchange.

There are drawbacks to a global community approach. Many such services are under-utilized due to difficulties with parental schedules, transportation, etc. (Guerney & Jordan, 1979). The community mental health professional must recognize that individuals who attend such programs are often the healthiest and most highly motivated in the population of stressed parents and children. The individuals in greatest need of assistance in adjusting to the crisis of divorce are typically not reached by public community interventions. Even if such individuals were to attend the sessions, the services provided might not be comprehensive or intensive enough to aid many clients.

Moreover, the stigma of divorce which still exists in some communities can deter people from following through on their desire to attend community-based groups. One solution is first to provide mass education about the effects of divorce to the community. Revision of the myths and negative stereotypes about divorced families usually requires such large-scale efforts. Mass media presentation of accurate information about divorce could dispel lingering, incorrect assumptions and provide relief to many divorced parents and children in need of community and social support.

Despite the tremendous value of community based educational programs on divorce, the mental health professional must remain aware of the need for follow-up support once these brief workshops

have ended. Although the structured nature of the community educational approach is beneficial in providing valuable information about the divorce experience, the internal experience and mental status of the individual can easily remain unaddressed. A clinical interview can provide more individualized exploration, which may be indicated in certain circumstances. Many people are unable to gain relief without therapeutic intervention of a more personal nature. A combination of initial community and educational approaches with eventual referrals for therapy when indicated may provide the best means by which to reduce anxiety and provide for expression of internal fears and conflicts. The public educational approach is an excellent method of generating treatment referrals. It encourages people to refrain from suffering quietly over the traumas of divorce and seek the help they need.

In the schools.

Coddington (1972) has identified thirty-five life events which require considerable readjustment on the part of the children. Parental divorce was rated as the event which demanded the greatest readjustment although it was not the most common problem. There are many other stresses which befall the school-aged child, such as scholastic difficulties, interpersonal problems with parents, teachers, siblings, peers, and the death of significant family members such as grandparents. These more common stresses, coupled with the normal developmental strains of childhood, are enough for children to bear.

When these stresses are compounded by parental divorce, it is not surprising that all areas of the child's functioning can be affected. School is a likely place for these changes in a child's functioning to be noticed.

Many professionals view the school as an ideal area in which to address the problem of parental divorce. Cowen (1975) cites the school as the single most influential institution other than the family in shaping human development. Wallerstein and Kelly (1977) target school-aged children as the largest single group affected by parental divorce. Drake and Shellenberger (1981) reason that since children spend more time in school than in any other institution outside the home, it is only natural for the school to provide supportive services for these children. There are advantages to choosing the school as a primary target area in aiding children of divorce. One major advantage is that school-aged children are a captive audience (Cantor, 1977), a reality that can be capitalized on for the benefit of the children.

Informative presentations in the school on the effects of divorce should be addressed to all the children. This would include those children going through parental divorce as well as those who might eventually be confronted with a similar situation. Informative school programs about the effects of divorce can broaden the outlook of children and teachers alike. It would provide validation of his or her feelings for the child experiencing parental divorce and foster a sense of

preparedness for those children who hear about the divorce of their friends' parents and become worried about the future of their own family. All teachers and students would gain exposure to the essential information about divorce and thus be better prepared to deliver support to distressed youngsters.

The availability of support in the school setting would eliminate many obstacles parents and children face when seeking help in a clinic setting. Some of these include financial burdens and logistical problems such as transportation and work schedules (Guerney & Jordan, 1979). A final impetus for schools to increase their involvement with the single-parent family is that such families are ready for, needy, and appreciative of such efforts. A recent Gallup Poll (Gallup, 1980) showed overwhelmingly positive responses from adults to the idea of providing teachers with special training to deal with the single parent family. They also rated very favorably such proposals as changing school meeting times to more convenient evening hours for working parents and creating after-school programs for children of divorce. This is an indication of the gradual changes taking place in public attitudes towards divoce in the past decade. Prior to that time, parents and children would carefully conceal divorce from school personnel as a dark family secret (Drake & Shellenberger, 1981).

A second advantage of involving school personnel is that they are a resource of professionally-trained individuals. They can incorporate new information about the effects of divorce

into their fund of knowledge about child development and education. The interaction between scholastic performance and a child's psychological health is a reality which must be addressed in the educative process. The advent of special education and innovative affective education programs for children who are emotionally disturbed reveals increased awareness about the psychological aspects of a child's scholastic functioning. Increasing awareness of the psychological effects of divorce on children would improve the educational approaches to this particular student population as well.

The school is a superb setting for the identification of distressed children. It is common for many children to manifest difficulties at school as a result of stress caused by divorce. These same children may not exhibit problems at home (Drake, 1979), so that the school would be the only place to discover the need for intervention. Since children spend a great number of hours in the school setting, school is a familiar, comfortable place and thus one in which the child is likely to be receptive to supportive intervention.

There are three primary sources of stress for children of divorce, namely, anger, guilt, and loneliness (Allers, 1980). Children of divorce become angered about their helplessness and lack of control over parental divorce, frequently feeling trapped and victimized. These children also suffer much guilt over the misperception that they caused the divorce. They may

also perceive themselves as losing their parent's attention to new adult rivals or work pressures. This brings extreme loneliness in its wake.

Targeting children of divorce who are in need of help is quite an involved process. It is nearly impossible when teachers and ancillary staff are unaware of typical responses to parental divorce. Recent research offers guidelines to assist school personnel in the identification of children of divorce under stress.

Stress in children is often manifested in classroom functioning. Poor academic functioning for emotional reasons comprises a large portion of the referral problems in children sent to school counselors or outside clinic agencies. Behavioral indications of stress include absent-mindedness, nervousness, weariness, moodiness, withdrawal from peers and classroom activities, declining grades, behavioral disturbances and physical complaints (Allers, 1980). Behavior problems which arise from stress are excessive tardiness, discipline problems, truancy, and dropping out. These behaviors result in more suspensions and expulsions than usual. Children suffering from stress also demonstrate a greater need for special assistance programs that aid children with scholastic and/or emotional difficulty.

The majority of behavior and school-related problems are temporaryand fortunately subside over a period of a year or more (Drake, 1979). Temporary academic decline in children

whose parents have divorced has been well documented by research ("One-parent families", 1980). Typically, there is a high number of children from divorced homes in low academic achievement groups and a low percentage of these children in the higher achievement groups (Brown, 1980). These results still hold true when this population of children is compared to a control group of children from intact families equated for age and socio-economic status ("One-parent families", 1980).

Many children of divorce must endure being uprooted from one school to another. This stressful event can further contribute to behavioral problems because of anxiety experienced in an unfamiliar scholastic environment. Favorable socio-economic factors do not appear to protect against academic decline in children from one-parent families after divorce. Children from one-parent families function disproportionately lower than children from two parent families even when matched on socio-economic status. These general guidelines may be utilized by educators to help identify children in need of stress-reduction due to parental divorce.

It appears possible to distinguish the scholastic referral pattern of children of divorce from that of children in other crisis situations. The aforementioned symptoms produce a clinical picture of acting-out and aggressivity. This is the usual referral pattern for children of separation or divorce, according to research findings (Felner, Stolberg, & Cowen, 1975). In contrast, children who suffer crisis

reactions due to parental death present a very different referral pattern of shyness, withdrawal, and timidity. An interesting hypothesis to explain these differing referral patterns is that children may introject the behaviors modeled by the adults involved in the crisis situation. The aggressivity of divorcing adults would certainly correspond well to this explanation as would the withdrawn, mournful reactions of the spouse in grief (Felner, et al., 1975).

The element of shock and surprise in a crisis situation induces children to imitate some mode of behavior from their parents. Since a crisis can elicit either an adaptive or a maladaptive resolution, it is certainly preferable for children to be provided with healthy coping strategies for dealing effectively with the divorce event than to leave them to emulate maladaptive parental responses. Preventive education is an ideal way to discourage children from employing maladaptive responses. The need to imitate responses of the parents would diminish because the children would be prepared to employ healthier coping strategies that had been learned independently.

Although prevention is always preferable to reconstructive treatment, it is difficult to design such programs. Individuals differ in their capacity to master stress and the specific characteristics which facilitate such mastery are yet unclear. It is crucial for educators to be aware that crisis events in the family create negative repercussions for the child in the school situation. In addition, the severity of problems manifested will be proportionate to the

intensity of the crisis the child has endured. The child's insufficient capabilities for mastering stress are the focus of tertiary intervention, whereas preventive programs would focus on each child's specific strengths and aid in building healthy adaptive responses before maladaptive behavior of crisis proportions had evolved.

Two final points must be made about the referral patterns for children of divorce in the school. The first is that not all children from divorcing families require psychological intervention (Drake, 1979). Many children manage to maintain their academic performance and adaptive behavioral styles despite turmoil at home. This is not to say that such children would not benefit from a didactic program to help them understand their situation more fully. One must be careful, however, not to stereotype children of divorce as automatically in need of help. This attitude often permeates the learning atmosphere such that teachers mistakenly expect less academic achievement from children in the throes of parental divorce despite their intact capacity to achieve. In addition, the stereotyping results in an inordinate number of inappropriate referrals for suspected learning disabilities or emotional problems, precipitated solely by demographic variables, in this case parental divorce.

A second crucial point for educators to bear in mind is that there are children in the classroom in desperate need of supportive intervention due to family divorce whose reactions were delayed and became manifest only after a considerable

passage of time. In such instances it is difficult to link a child's behavior or academic difficulties to an apparently resolved divorce experience (Damon, 1979). Looking upon divorce as a process rather than a single event makes it more understandable that a child would react to elements of the divorce long after the actual event had occurred. For example, new aspects of the adjustment period after divorce such as the remarriage of a parent or a custody battle might trigger great emotional stress in the child. This in turn would affect the child's behavior in various ways.

The general trend in research results to date indicates that many children do require some degree of specialized attention around school achievement and behavior after parental divorce ("One-parent families", 1980). Mental health professionals working in conjuction with the school can deliver the proper type of treatment intervention when needed. The first major step towards this goal is to conduct an accurate, comprehensive assessment of the child's current life circumstances. Wallerstein and Kelly (1977) recommend a procedure used in their clinic which is also appropriate for the school setting (Drake, 1979). This assessment includes a developmental history, a specific investigation into the details of the divorce experience, the child's reaction to the event, and finally a thorough knowledge of the child's existing support system. The advantage of selecting a qualified mental health professional for delivery of services to the school is that

he or she can provide an accurate assessment of the child's mental status and level of functioning. This valuable data will determine the need for a treatment plan within the school or an outside referral when necessary.

Once the need for help has been determined, there are various ways in which such assistance can be offered. The mental health professional is a valuable resource whether he or she be a school psychologist delivering direct services within the school or a consulting professional hired to foster in the school staff an awareness about the psychological effects of divorce on children.

Service Delivery

There are three categories of approach to the delivery of psychological services in the school which have been outlined by Drake and Shellenberger (1981). These are direct, indirect, and preventive approaches. Dealing with issues related to parental divorce in the school situation at times requires assisting parents as well as children.

Direct approaches.

The direct approach focuses on the parent or child in need of help. The mental health professional administers psychotherapeutic services on an individual basis or in a group. This type of intervention may necessitate a referral to a private practitioner or community mental health agency, since it is difficult for a resident mental health professional to maintain a long-term treatment caseload in the school setting. In some school settings, however, it may be possible

for both assessment and counseling to be conducted in the school. Direct short-term counseling is an ideal type of in-house treatment. However, longer-term therapy needs are best handled by an outside resource. Agencies outside the school are better equipped to provide intensive treatment without stigmatizing the child in the school setting.

Group therapy with children of divorce has been reported to be quite successful in the school environment, according to Cantor (1977). This type of intervention can be less stigmatizing since group therapy by definition involves a number of children, so that no child is singled out. A therapeutic atmosphere conducive to self-disclosure is necessary and must be maintained with care, and issues of confidentiality are of primary concern. This can be difficult in the school environment which is not geared towards psychological treatment. However, there are measures which can be taken to effectively establish a confidential atmosphere.

Preliminary ground rules must be agreed upon and adhered to by school staff and student group members. Such school-based groups help to provide peer support, enable children to vent their feelings, share experiences, exchange information, and clarify their changing roles in the family. A private or clinic-based psychotherapy group can provide in-depth therapy of longer duration. This would address maladaptive aspects in the development of personality structure and response style of each individual child.

Groups are a cost-effective treatment modality. A great number of children suffering from divorce-related stresses can be reached in the school group interventions. An unstructured counseling group allows students to share feelings, experiences, and perceptions about parental divorce. In addition, they can gain support from the group cohesion which develops through self-disclosure. There has been very little formal research done on the effectiveness of group interventions in the school setting. However, the responsiveness demonstrated by the children through their regular attendance and requests to continue the groups are favorable indications of their value. Teachers report no immediate behavioral changes among students involved in school-based support groups, but clinical description of the high quality of group process which occurs suggests that these groups are of some therapeutic value even if changes are not quickly manifested (Drake, 1981; Cantor, 1977).

An example of a major but subtle change was reported by Cantor (1977) in a school-based group. The children were noted to have altered their perceptions of parental divorce. They displayed less shame and embarrassment and more desire to share and discuss the subject openly with peers. This gradual self disclosure led to an increased atmosphere of understanding in the group and helped foster ongoing group support. Although it was most difficult for children to speak about their divorce-related experiences, the group encounters appeared to be the best way to alleviate internal stress, emotional pain, and

confusion. In a study by Hammond (1979), 87% of children involved in parental divorce felt that discussion of their feelings with a sensitive counselor would be helpful. 83% of this same population also expressed an interest in joining a counseling group specifically designed for children of divorce.

There is a second type of group approach employed in the school setting which differs from the unstructured, supportive counseling group mentioned above. This group format mixes education along with affective release and self-disclosure. The format is more structured and entails specific exercises designed to facilitate discussion. Information sessions are included to provide concrete facts about parental divorce and answer questions about topics that might be arousing anxiety. Wilkinson and Bleck (1977) devised such a group based on research findings by Felner, et al., (1975) which indicated that grade school children lack the knowledge necessary to effectively cope with their parents' divorce. This was evidenced by their increased behavioral problems, unmanageable anxiety, aggression, and maladaptive coping efforts. These clinicians initiated the practice of clarifying for the children what they had not been able to understand so that they could gain a realistic perspective on the divorce situation and learn new ways of coping with feelings and situations that were divorce-related.

There are many advantages to the structured group approach whether it be used in the school, clinic, or private setting.

Behavior changes in the child are likely to evolve more quickly with such an approach because it is focused primarily on providing alternate strategies for coping and reacting. The children emerge with a sense of accomplishment as they note obvious changes in their own behaviors. These changes are also meaningful to parents and teachers. The latter are the consumers who are concerned about the effectiveness of the therapeutic intervention they have secured for the child. In addition to immediate, observable results in terms of behavior change, structured groups are the most cost-effective since they can run for a limited number of sessions within the school setting. The time-limited nature of this intervention allows the clinician to clearly specify to both parents and children the amount of time and financial commitment necessary to secure help on this level.

When comparing structured versus unstructured therapy groups, it is not possible to say that one treatment approach is better than the other. It is accurate only to state that different benefits and effects will ensue from each. An intensive, supportive, psychologically-oriented group will foster internal growth and a sense of self-understanding. Such groups can run longer than is possible in the school setting and will therefore result in more pervasive alterations in personality structure. One drawback to such an approach is that immediate anxiety-reduction and behavior change are secondary and may not occur as quickly. School systems are more amenable to a structured group format for

these reasons, since the school's concern is for immediate behavior change and quick, tangible results. Teachers, principals, and parents look for concrete improvements in children as a result of referral to the mental health professional.

Hammond (1977, 1980a, 1980b) proposes structured groups for both elementary and secondary school children, finding the structured group interventions to be less threatening. The structured nature of such groups is quite soothing to the participants who rely on the leader to assume responsibility and guide them towards self-exploration and understanding of the experience of parental divorce. Structured activities are excellent "icebreakers" and make it easier for children to establish rapport with one another. This advantage has been found to eventually lead to greater self-disclosure. The group leader (counselor, teacher, etc.) who models self-disclosure by sharing a few personal thoughts, feelings, and experiences facilitates similar self-disclosure in the children. It is possible that some introspection occurs in a structured group format, which leads to growth similar to that promoted by unstructured groups. An improved self-concept can be attained by the child as he or she learns to cope more effectively with parental divorce, and this is a valuable clinical benefit.

Indirect approaches.

The second type of intervention which can be made by the mental health professional in the school setting involves

indirect approaches. These interventions focus on the school personnel who are helped to improve their attitudes and increase their knowledge about divorce. These improvements filter down to the student population with which the school personnel interact (Drake, 1979) and ultimately benefit the children through more sensitive handling of the issue.

The most valuable indirect intervention is education. Teachers can be trained to recognize the signs of stress a child of divorce may manifest in the classroom. Didactic training programs and experiential workshops can help to increase awareness in school personnel about the special difficulties faced by children of divorcing parents. In addition, in-service training programs increase the confidence and competence of school personnel in dealing with the common crisis of parental divorce and its manifestations in the school setting. It decreases the number of inappropriate referrals of children for mental health services and makes it more likely that those who need treatment are targeted and given care. Organizing teachers, guidance counselors, school psychologists, and administrators into a group of knowledgeable professionals well informed on the topic of divorce, provides an excellent support system for the child in the school setting. These professionals are involved with the child on a daily basis and may represent some of the few (if not the only) stable figures in the child's life during times of domestic turmoil and drastic change.

An educator's position is a unique one for providing supportive services. Mental health professionals would be wise to recognize professionals in the field of education as a valuable resource for obtaining information on the children they treat in schools, clinics, or private practice.

The appropriate function of teachers and other professionals in the school is a controversial topic when it comes to divorce. For example, the question of discipline often arises with children of divorce as they are most likely to be referred for intervention for such problems ("One-parent families", 1980). Principals and teachers who are sensitive to the loss of discipline children may experience in the home after parental divorce will be less likely to blame the child for deliberately disruptive actions. They will realize that the child's misbehavior is a manipulation to gain attention and reassurance. They will help to set limits in order to bind anxiety and provide the child with a feeling of security. Firm but compassionate disciplinary measures and open discussion about feelings around loss of structure are most beneficial for the child during these times. Teachers can utilize the parent-teacher conference time as an opportunity to allay parental anxiety and explore reasons for the child's classroom behavior as compared to those he or she exhibits at home. It is crucial for the teachers, parent(s), and principal to work together to provide a stable, consistent, supportive atmosphere for the distressed child of divorce. This has been

found by clinicians to be most beneficial to the child. Educators will be able to encourage increased exchange between parents and themselves if they feel confident in their knowledge about the effects of divorce. These are priceless rewards of in-service training for school personnel.

Drake (1979) presents information on the effects of divorce on children to educators and then involves them in workshop activities. In this way, trainees have an opportunity to plan effective interventions for this population of children in their classroom. Holdahl and Caspersen (1977) note that indirect approaches such as education of staff are crucial before implementation of a direct approach with specific children. Increased faculty awareness will rally support for direct approaches such as a group therapy program launched to help the student population. In addition, education of school personnel will generate the active manpower and enthusiasm necessary to staff an effective program. Input from school personnel is valuable in tailoring the program to meet the specific needs of the school system which must support it. A program based on a problem-solving model is often very effective, especially when implemented in a supportive atmosphere (Holdahl & Caspersen, 1977).

There are other forms of indirect intervention which the mental health professional can employ to aid the child of divorce. Parent consultation is a very important type of indirect approach (Cantor & Drake, 1983). It is critical to

aid parents who find themselves in need of professional guidance, since the coping abilities of parents during divorce greatly influence the child's capability to adjust (Mc Grab, 1978). Any relief experienced by the parent will be passed on to the children of that household.

Mental health professionals based in the school are in a unique and important position. They can indirectly aid children by lobbying with administration for school policies that are sensitive to the concerns of the single-parent family (Drake & Shellenberger, 1981).

Another indirect approach to helping children from divorced families is to provide appropriate referral sources for outside treatment when issues can no longer be addressed in the school setting. It is for this reason that it is advisable for the mental health professional to be extensively involved in the implementation of school programs for children of divorce. In this way children in need of more intensive treatment can be efficiently identified and appropriately referred. A mental health professional can also provide helpful literature and reference sources about the effects of divorce that will further educate individuals involved with children.

Preventive approaches.

Preventive approaches include a focus on more general issues such as family change. Children of divorce are not the only ones deeply affected by their new status. Children

from intact families also dread the display of family casualties among their peers. Groups of an educational nature have reportedly been helpful for all children who experience family changes. In addition to divorce this may include a host of other family changes such as death, new births, and relocation (Holdahl & Caspersen, 1977). It is the supportive and preparatory aspects of these groups which are most beneficial.

Preventive interventions can be designed to highlight several possible reactions to parental divorce. Children's affective responses to the idea of parental divorce are explained. In addition, the children are prepared to accept responsibility for their feelings and subsequent behaviors. Coping mechanisms and strategies are discussed and explored. This helps children develop the necessary skills for meeting any changes which may occur in the family lifestyle.

A second form of preventive intervention by mental health professionals in the schools is to become more active in the formulation of the school curriculum. They can press for the incorporation of family life study into the academic curriculum. Courses and information about family life styles, child development, and parenting skills would comprise the coursework. Instruction about anxiety and stress management can provide an added beneficial preparation (Drake, 1981). Because grade school children are profoundly attuned to the effects of parental divorce and stress upon themselves, they are quite capable of grasping these topics when they are presented in a

simple, straightforward fashion. Beginning the presentation of such subject matter at the high school level is often too late.

Program implementation and preventive measures that could be taken to aid children in coping with parental divorce may encounter sabotage in the beginning stages. Drake (1981) proposes some precautions to prevent this outcome. She states that before proposing a program, it is crucial to become aware of the various aspects of the system in which the program is to function. There are factors inherent in every system that can contribute to the success or failure of a program within that system. It is possible for a program to be theoretically sound and well thought out in terms of meeting the needs of the children and yet not fulfil the needs of the system for which it was designed.

Drake suggests capitalizing on the prevailing network to ensure the successful implementation of a program. In the school this consists of the administration, teachers, parents, and other interested manpower sources. The involvement of many individuals adds to the probability of success of a program. This is because combined efforts generate a sense of commitment to a cause and a desire to see positive results with collective endeavors. It is advisable to pilot test all programs on a small scale before launching a full-scale program. Issues of quality control can then be addressed once the program begins to expand. Programs with clearly specified plans and goals are more attractive for

administrative personnel to endorse, and lend themselves more easily to program evaluation and research. An evaluation of the program is essential to determine ineffective aspects and specify areas needing improvement.

Program implementation in a dynamic system such as a school usually requires flexibility in planning so that minor alterations in the program can be made. Above all, the mental health professional must not lose sight of the fact that he or she is working with the human element at every level of program development and implementation. The people encountered in these capacities are not unlike those in any other interpersonal realm. The professional must use his or her diplomatic skills as well as psychological background to foster mutual understanding during the program proposal and implementation stages. The attitudes, needs, and motivations of individuals will subtly modify any proposed program plan once it is applied to a living system. Enthusiasm will benefit and facilitate program implementation whereas skepticism, lack of co-operation, and political power struggles will diminish a program's growth and effectiveness.

Family approaches.

Many clinicians prefer to work in a family therapy modality. Family treatment is often quite effective in alleviating the painful aspects of divorce for both parents and children simultaneously. By its focus a family therapy approach communicates to every family member the importance of re-stabilization and adjustment after parental divorce.

The disruption of the family creates the major impact of divorce (Hancock, 1980). Divorce threatens each family member's sense of belonging to a stable unit. Family therapy sessions unite the divorced family unit long enough to allow it to work out the adjustment to a separated family structure. Pervasive feelings of helplessness begin to fade and the divorce becomes a transitional period for the family that all members will eventually integrate.

Family therapy that includes the estranged parent lessens the potential for dangerous "games" parents may engage in to vent pent-up hostilities. It also aids open communication, providing a forum for both parents and children to express their views and emotional experiences. Self-disclosure of all family members within the safe structure of the therapeutic atmosphere may foster increased mutual understanding and support. It also may alleviate the tremendous internal stress within the family system. When both parental figures are present the focus of conflict in the family is shifted onto the marital relationship rather than onto the parent/child relationships (Reder & Eve, 1981). This redefines generational boundaries between parents and children and provides a realistic view of the quality of the marital relationship for all to see. There is some concern in conducting family therapy which includes the ex-spouse. One concern is whether this re-uniting of mother and father nourishes reconciliation fantasies in the children. There is no research information

on this possible effect as yet, but it is a noteworthy consideration for the family therapist.

Family therapy which does not include the ex-spouse can still build cohesion in the custodial family unit after divorce. Issues relevant to the absence of one parent can be explored by the custodial parent with the children. The acceptance of a single-parent family in treatment validates this type of family system as worthy of support and therapeutic attention. Sessions together as a family are comforting to all members. It is a display of cooperation and support for each other despite minor tiffs and skirmishes encountered on a daily basis.

A third mode of family intervention alternates the presence of mother and father at successive therapy sessions with the child (Minuchin, 1974). This approach emphasizes the separateness of the child's parents and highlights the child's special needs as the common uniting factor. The focus in each session will differ according to the issues of primary concern in the relationship between each particular parent and the child.

Family process variables have been found to be more important in determining the nature of adjustment for children after divorce than the actual marital status of the family (Hess & Camara, 1979). Indications for family therapy are quite clear given this research information. In addition, the quality of the relationships maintained with each parent after separation is more meaningful to the child than inter-parental harmony, although parental cooperation does

facilitate positive adjustment in the child. Family treatment specifically addresses parent-child and parent-parent relationships in vivo and is the treatment of choice in many cases.

Derdeyn (1980) notes from a structural family therapy viewpoint that changes in a family's social context will affect the emotional experience of each family member. In a divorce situation when one parnt leaves the home it is quite common to see a child adopt the absentee parent's adversarial role with the custodial parent. This exemplifies how alterations in the family context create burdensome new roles for family members. These maladaptive coping responses have the potential to foster poor adjustment for the entire family. Family therapy interventions can be especially helpful during the crisis stages of the divorce process. It is at this time that the family is most amenable to negotiation and mobilization. Family sessions can give the members an opportunity to plan and discuss the inevitable life changes and guard against poor adjustment of the family system (Reder & Eve, 1981).

Beal (1979) discusses various approaches to family treatment, concentrating on the intensity of emotional attachment between the family members after divorce. Vacillations between autonomy and fusion are characteristic of family functioning. Beal attempts to balance these polar forces by examining the degree of emotional attachment between family members.

The child-focused family is one in which parental anxiety is focused upon the child. Such systems involve the child automatically and directly in parental fighting. A dyfunctional cycle ensues in which the child becomes "symptomatic" in response to this focus of attention. The parental response to this emerging symptomatology is one of escalated anxiety and increased child focus. The children from child-focused families are among those most frequently seen for psychiatric treatment, according to Beal. They manifest difficulties at school and frequently show role-reversal behaviors such as caring for their emotionally overwrought parents. Children who belong to child-focused families exhibit a relationship-oriented rather than task-oriented interactional style. It is for this reason that such children encounter much difficulty in coping with parental divorce. Parents capable of containing the anxiety and stress of the marital relationship between themselves are able to perceive their children as separate, unique entities. This provides freedom for the child to pursue normal developmental pathways without the need for symptoms to maintain the family system.

Beal suggests that family therapy involve inquiry into existing family relationships and identification of the emotional processes within the system. Dysfunctions of the family are viewed as part of the system. The role each member contributes to the maintenance of the dysfunctional system is clarified. Each family member is expected to modify his or her role, while attempts to alter the roles and behaviors

of other family members are discouraged.

The extended family is also considered in Beal's model to be a significant influence in the family system. Lack of support from grandparents causes parents to become more child-focused as a means of seeking acceptance, attention, and affection. Such rejection from one's own parents enhances parental anxiety and lowers self-esteem. It can also increase hostility between ex-spouses. In addition, the sudden cessation of ties with the extended family creates a further experience of loss. It is an emotional cut-off from previously supportive ties.

The involvement of the extended family, whether positively or negatively, has many effects that are noteworthy. It exerts subtle influence and pressure on the custodial parent. An intense desire for approval from extended family members, especially grandparents, can lead to greater anxiety about parenting. These anxieties can encourage child-focused preoccupations. The clinician must explore and understand the peripheral forces impinging on a family system as well as the tensions in the immediate family. Divorce is a situation in which the trauma to the nuclear family also affects the extended family system. The reorganization of the family after divorce may result in the inclusion or exclusion of selected extended family figures or the assignment to them of different roles than they held before the divorce occurred.

Financial concerns.

Espenshade (1980), an economist from the Urban Institute in Washington, D. C., has estimated that it costs a middle-income family $85,000.00 to raise one child, including four years of public college education. This estimate includes birth expenses, food, housing, clothing, medical care, and education. The estimate does not include "opportunity expenses" such as a mother's option to remain in the home rather than join the work force. This is calculated as a luxury since it provides more time spent with the child. In these cases the costs of child rearing increase to $140,000.00, which still does not include the "extras" families usually provide for an enjoyable childhood experience.

Needless to say, these figures increase yearly, along with the cost of living. This information is important for clinicians to bear in mind because financial pressures of child rearing have an effect on the therapeutic realm. Financial constraints arising from divorce pose many realistic concerns for the single parent, so that choosing the type of therapeutic intervention to provide a child may be partially dictated by the available financial resources of the family. For example, a child in need of intensive, individual treatment may not be able to receive it unless special financial arrangements are made. Usually such arrangements are made by the parents or determined by public assistance. Private practitioners may consider a temporary fee reduction for clients in need of

intensive treatment who cannot afford private services because of family financial hardship. Another option is to refer the patient to a public treatment facility where fees are set on a sliding scale according to income.

A clinician's respect for the financial burdens of the divorced family unit will help guard against the delivery of excessive or unnecessary treatment. Parental anxiety and/or overinvolvement with the children before, during, and after divorce frequently generates many inappropriate referrals of children. There are many children, however, who do not need intensive treatment despite their parent's extreme concern. It is crucial in these situations that the clinician conduct a thorough interview to properly determine the child's present psychological state in relation to the divorce experience. For example, a child who witnessed or experienced much physical and verbal abuse throughout a turbulent parental separation would suffer greater effects from divorce than a child whose parents were able to conduct the divorce arrangements less intrusively. A child, also, who must deal with the non-involvement of an estranged parent or endure a string of broken promises and continual disappointments will need more therapeutic services than a child with two reliable parental figures who merely maintain separate residences. It is these specific circumstances that must be considered when assessing indications for therapy in the child of divorce.

In cases where the child does not require in-depth psychological treatment, short term, structured interventions may be in order. In some cases, however, a child may not need treatment at all. In many cases, the parent can be educated about effective ways of assisting their child through the divorce adjustment period. Many times, parents who are sensitive to their child's needs and concerns just need reassurance from a professional that there is no major pathology in their child. Encouraging them to continue providing the proper emotional support may be all that is necessary to maintain some children without direct treatment. Clinicians who can effectively identify children in need of services and can creatively prescribe the most effective and least expensive type of treatment will perform a great mental health service for divorced parents and children.

Consultation in the school

A consulting mental health professional is frequently asked by school personnel for concrete suggestions about how to help children of divorce. The following are some general ideas that the consultant may find useful and expand upon by adding his or her own professional wisdom and imaginative flair.

Consultation with teachers.

Some teachers avoid discussion of morally-laden issues in the classroom. They erroneously conclude that such avoidance absolves them of the responsibility for teaching values, something which "should be done at home" in their view. This is a most unfortunate viewpoint for a teacher to have.

The teacher exerts a powerful influence on children, despite his or her attempt to deny this fact. Teachers, as stable adult figures, are a valuable resource for promoting healthy concepts about life experiences in the impressionable child. Teachers are continually engaged in influencing the morals and values of their students not only by what they do but by what they do not do (Bledsoe, 1978). For example, a teacher who cuts off a child's inquiries about divorce in the classroom communicates that divorce is a taboo topic involving too much intimacy and embarrassment to be looked at in the school setting. The student learns that open discussion is undesirable and that masking his or her emotional pain is the expected norm.

The consultant's role here is to reduce anxiety in school personnel about instruction on human values. Teachers must come to feel as confident with this affective subject matter as they do about teaching other subject matter comprised of facts and concepts. Teachers must recognize and accept the aspects of their role as a "values model", despite their preference in some cases to refrain from addressing these areas. They need reassurance that they are not expected to provide a solution for the pervasive problems of divorce, however, they can assist children by providing an open forum for students to express their feelings about divorce. In additon, they can offer the proper supportive response to any child who chooses to reveal personal information. This would provide relief for the child as well as soothe the pain of other silently suffering classmates in similar situations.

Discussion of this menacing topic is of concern even to children whose families are intact, since many secretly fear that the same circumstances may befall them (Damon, 1979).

The mental health consultant can explore some of the reluctance and fears teachers have about discussing the topic of divorce. Specific suggestions to help alleviate these reservations and equip the teacher with concrete knowledge on the subject are of great value. These suggestions can dispel fears of incompetence many teachers feel in reference to this emotionally-charged topic.

The consultant can prepare the teacher to handle two types of discussion that are appropriate for the classroom. The first type consists of a planned class discussion. This is initially less threatening for the teacher because it allows for preparation and focuses primarily on the concrete aspects of parental divorce.

The second type of discussion is more affect-oriented. It is most likely to take place in response to spontaneous verbalizations by a child during a class session. This happens because frequently school-related material triggers tangential associations to the divorce situation in the child's mind. These preoccupations can block further learning by disrupting the student's concentration and ultimately impairing comprehension. When comments of this kind occur, a golden opportunity exists for a teacher to initiate discussion about divorce which will benefit not only one child but the entire class. Teacher flexibility is

essential to allow for temporary postponement of a lesson when necessary. At such a time, the teacher may explore the child's associations further and engage the class in a discussion about divorce. Pupil questions about parental divorce can then be addressed.

There are two key qualities a teacher must possess for successful classroom interventions, namely, flexibility and sensitivity. The teacher must be open to discussions of an affective nature while remaining sensitive about not pressuring for such discussion if a child is not amenable to self-disclosure. Many children are embarrassed to discuss the family divorce crisis openly, but those who indicate readiness should not be stifled or ignored. The courage of one student often liberates other classmates to engage in free discussion. The mental health consultant's primary role is to communicate to the teacher the value of his or her professional guidance in such classroom discussions. In addition, the consultant can provide specific reference sources that outline recommended interventions to be made by teachers. A few of these are provided in the bibliography of this review. The consultant may wish to include his or her own additions. These references will help increase the confidence of teachers about addressing issues of parental divorce in the classroom setting.

Consultation with administrators.

The mental health professional is also valuable to deliver services to administrative personnel in the school.

The principal influences the attitudes of the other school personnel ("One-parent families", 1980). It is therefore crucial to elucidate for the principal the plight of the distressed child of divorce if support and enthusiasm are to be mobilized to assist these children. The consultant must appreciate the complex and multi-faceted role of the principal. His or her position involves a wide range of encounters with teachers, parents, Board of Education members, and the children themselves. This is especially true when disciplinary action becomes a concern. The principal has many responsibilities. These include the welfare of the children who attend the school, the capability and morale of the professional staff, the efficiency and appropriate conduct of ancillary school staff, and the smooth functioning of the school on a systems level. In addition, he or she has many unpleasant experiences to face such as handling complaints from teachers, parents, and ancillary staff concerning conduct and academic problems with students.

Divorced parents become particularly burdensome when they project onto school personnel the anxiety, fears, and frustrations they cannot cope with in regard to divorce. Some of the expressed concerns may be excessive and institute an attack on school policies and procedures. At other times, however, concerns of parents are quite valid. These concerns require understanding and reassurance from the principal. The mental health consultant can best assist the principal

in his or her role by providing information about the effects of divorce on children and parental responses to divorce. This knowledge can then be utilized to help quell the anxieties of divorced parents who demand the principal's guidance and support. The principal must remain calm and objective when concerns arise about students whose parents are divorced. This will maintain a delicate balance between the needs of staff, administration, and parents who use the school's services.

Principals are in great need of education about the effects of divorce on children. A consultant can provide specific information and aid in the planning of programs designed for the child of divorce. The influence of the principal on school personnel helps to effect change. Drastic change is needed to accommodate the needs of the growing number of children of divorce. These changes include alterations in the curriculum, in the pejorative language sometimes used in schools in reference to divorce, and the inflexibility of school schedules for PTA and other parent-oriented events. The consultant who can sensitize the principal to the special needs of the child of divorce will create an impetus for change in the present system. For example, a principal who is aware that a child of divorce may exact extra time from teachers and other school personnel will show a more sensitive attitutde towards the needs of these children. Frequent visits to the nurse, poor attendance, and even the need for discipline may also be

viewed by the principal from a different perspective once he or she is provided with facts about the effects of divorce on children. In this way the principal will serve as a model for desirable attitudes in all school personnel.

Drake (1981) lists ten major issues that concern the principal in dealing with children of divorce. It is likely that these concerns will be the ones expressed to the consultant by the principal. Territoriality questions about whether or not a child is legally enrolled in a particular school district constitute one of these concerns. Many children are coerced into lying about their residence in order to retain their school placement.

Access to school records is another concern of the principal. Parents in conflict during divorce proceedings often attempt to restrict each other from gaining access to school records. The skilled principal will avoid becoming embroiled as a mediator in parental squabbles. The release of confidential records is permitted to any outside source upon the request of either parent. This task of relating to hostile parents at odds with each other is particularly difficult. The principal must guard against the school becoming a battleground for the expression of intense anger and emotional pain between parents.

The principal is involved in establishing policies for children from single-parent families in the school. The release of children from school to a non-custodial parent is a very delicate and difficult policy to formulate and

implement. Another policy which must be formulated involves decisions about whether or not to permit school visitation to parents who are otherwise restricted from seeing their children. Arrangements in case of medical emergencies must be fully planned, since many of these students have parents who work during the day and may not be easily available. Emergency contact people should be specified by the custodial parent to the school nurse and principal.

School administrators should keep in mind the financial status of children from single-parent families when they approve field trips, etc., as these children often suffer financial hardship.

Children may have strong preferences for the use of surnames, which frequently carry some emotional significance for the child. School records must remain consistent and accurate, although a special arrangement might be permitted the child for in-school use.

Principals are also those primarily involved in decisions about retention in the same grade for a second year. It is common for children who undergo parental divorce to manifest a drop in academic performance worthy of serious concern. The principal needs to be aware of the possibly temporary nature of such declines in academic performance for children of divorce. This will enable him or her to consider several factors in making a decision to retain the child. Finally, school celebrations such as Mother's Day and Father's Day can

be presented to the students as occasions for including mothers, fathers, and/or "anyone special to you".

These are only a few of the practical concerns the consultant may be expected to address when advising the principal and other administrators about how to help students whose parents are divorced.

The administrative body of a school must also be sensitive to parental preoccupations at the time of divorce. School personnel may notice parents who are unable to make decisions concerning their children due to preoccupations with the divorce process. If the administrator attempts to make decisions in the best interest of the child, legal complications may ensue from the reaction of parents who are already agitated by stress over the divorce. Consultants often advise that special policies for children from single-parent families be established and clearly stated to parents and teachers. In this way sensitivity is demonstrated by the administrator in the formulation of the policies. Once declared, however, these policies can then be enforced in a non-preferential manner for all families of divorce.

Principals and administrators must become aware of their strong effect on staff. They possess the potential to motivate school personnel to equip themselves to meet the needs of children of divorce. Although the mental health professional may take a back-seat role in the functioning of the school, guidance by such a professional is crucial. The consultant can highlight core issues which administration and staff must

address in dealing with the issue of parental divorce. They possess an awareness of the potential impact of parental divorce on the functioning of children and subsequently the overall school system. The consultant can orchestrate collaborative effort among many important, influential adults in the lives of children of divorce. In addition, he or she can foster awareness that as professionals we ourselves are not without intense responses to issues that involve human values and morals, such as parental divorce.

## The Treatment of Children of Divorce

The treatment of children of divorce is still in its primary stages (Tableman, 1981). Many private practitioners have reported specialized techniques and methods which appear to bring positive therapeutic results as reported in case studies. Clinicians describe working with these children on an individual basis in both play and traditional verbal therapy. Such treatment approaches focus upon the unconscious wounds, deprivation, and loss experienced by the child. They also provide the child an opportunity to ventilate painful reactions to the divorce and attain a sense of mastery over the trauma. In the younger child this is accomplished most successfully through play therapy.

### Group therapy.

Group interventions have been found to be quite helpful in providing a safe atmosphere in which children or parents who share similar concerns express their feelings and learn

to communicate more effectively about divorce. Support is provided as the individual begins to exchange experiences with others in similar circumstances. Educational material is often presented to increase understanding about the effects of divorce. This material assists those involved in the divorce process to bind anxiety arising from feelings of uncertainty about this unfamiliar and stressful life event.

Mourning parental loss.

Derdeyn (1980) describes parental loss through divorce as similar to parental loss through death with regard to object loss and disruption of life patterns. He notes that mourning in both children and adults is often incomplete due to the employment of defenses which cloud the reality of the painful loss after divorce. In a divorce situation many children will respond with defense reactions of denial, avoidance, regression, anger, or depression (Gardner, 1977). In death, the absent parent is usually idealized, but in situations of divorce the estranged parent is frequently debased by the opposing spouse. In such cases it is difficult to provide an atmosphere in which mourning the absent parent can take place. Many clinicians see it as the therapist's task to facilitate the mourning process for children after divorce and encourage parents to allow such expressions of sorrow. Often children suppress their reactions and questions about parental loss in an effort not to upset the custodial parent. This inhibits the natural grief process

and causes the children to suffer from private distorted fantasies about the divorce circumstances.

Divorce, like death, is hypothesized to constitute an interference in development for the child. The therapist attempts to remove such blockages so the child can continue along the developmental path towards maturity. If a child is severely depressed, it is probable that long-term individual therapy will be most helpful. In this type of treatment, Derdeyn (1980) maintains that alleviation of the impediments to mourning remains the primary focus. He states further that the major blockage encountered by clinicians is the child's feelings of guilt. These develop out of distorted perceptions and fantasies about the possible causes for the failure of the marriage. It is often too threatening for younger children to express their sadness and losses directly through verbal communication. Therefore, play techniques, drawings, and metaphors are a preferred medium. Aspects of the child's play themes can be linked metaphorically to the realistic loss and pain over parental divorce. Novak (1982) describes therapeutic play as a self-healing process for the preschooler in resolving feelings of loss. In many cases, brief therapy can suffice in aiding children to process the loss experience caused by divorce. The essential goal, according to Derdeyn (1980), is simply to break through the resistance and trigger a mourning process in the child so that a natural adaptation and integration of the loss may ensue.

The therapeutic task of faciliating the mourning process after divorce will require that the therapist intervene in different ways, depending on the age of the child. Infants require parent-focused interventions because they are most heavily affected by divorce through the withdrawal of the custodial parent during their own mourning process. Older children are able to benefit from discussion to help clarify feelings and work through the losses in divorce. Adolescents typically speak boldly about the problems brought on by the divorce (Derdeyn, 1980). They are more aware of the hardship caused by precarious finances, the loss of one parent, and the changes in family roles and social position that results from the divorce (Jellinek and Slovik, 1981). The role of the therapist is to function as a "companion and supporter" (Derdeyn, 1980) while the patient proceeds through the necessary mourning phases (Mc Grab, 1978).

It has been proposed that the stages of mourning after a death, as outlined by Kubler-Ross, be applied as a model for the stages of mourning after parental divorce (Rubin & Price, 1979). Utilization of this conceptual framework in the treatment of children of divorce would necessitate observation and intervention at the five successive stages constituting the process of mourning. It is recommended to clinicians that the parent(s) be enlisted to assist in the child's mourning process. Parents can be trained to become aware of ways in which their children will indirectly express

their sense of loss (Derdeyn, 1980). These expressions may manifest themselves in repeated comparisons between the old and new lifestyles and in questions about concrete issues such as food, clothes, or other basic necessities. Preparing parents for such expressions from the child will avoid their becoming defensive or upset when the child acts forlorn or deprived. This knowledge will increase the sensitivity of the parent who can then provide support to the child.

The initial phase of the mourning process begins with the news of parental separation. It consists of shock and denial. After the initial shock, efforts to deny the painful reality of parental separation begin. The first stage of the mourning process culminates in denial which needs to be worked through via role play, fantasy, and general catharsis (Rubin and Price, 1979).

The second phase of mourning, anger, is often very difficult for the patient to express in appropriate, acceptable ways. The therapist can aid the patient in the expression and release of anger. Jellinek and Slovik (1981) note that children often feel it is hazardous to ventilate anger at a visiting parent for fear that this will drive the parent away. Although anger and hostility are major clinical themes identified, they are most commonly expressed exclusively toward the custodial parent whom the child is certain will remain a dependable figure in his or her life.

The third phase of mourning, bargaining, is often marked by preoccupations with reuniting the parents. At this stage, the child must eventually come to see his or her inability to control the parental relationship. The result of this is a recognition by the child of helplessness to bring about any parental reunion. This is frequently followed by depression, which is the fourth phase of mourning (Rubin and Price, 1979).

In the fourth phase of mourning, the child is encouraged to express his or her grief while given reassurance by the therapist that this depression will be of a temporary duration. It should be noted that the departure of one parent through divorce is often seen by the child as a voluntary decision by the parent to leave the child. This causes more confusion than would be the case in death which is recognized as uncontrollable. The child of divorce must continually face the elective absence of one parental figure on a daily basis. This continuing "rejection" perpetuates depression due to the child's conviction that the parental absence is a deliberate action with regard to him or her.

The fifth and final stage of mourning is that of acceptance. It is hoped that this stage will be reached in therapy and include an improved sense of self-esteem, confidence, and maturity for the child. This resolution will be achieved when the child evidences realistic expectations towards both parents and him or herself. Wallerstein and Kelly (1974) note that for the adolescent, resolution may require that the teen-ager

extricate himself or herself from the parental conflict. It is the incomplete resolution of loss for both the parent and the child which must be addressed as the major treatment issue in divorce cases, according to Derdeyn (1980). The clinician's primary focus is to gently direct the patient towards a gradual acceptance of the divorce situation and away from ineffective preoccupations, misconceptions, defenses, and maladaptive coping styles.

Dlugokinski (1977) depicts the mental health professional as working towards the same goals of acceptance and coping for the patient as does Derdeyn. He describes, however, a three-stage process different from that of Kubler-Ross. His first stage involves orientation as the major goal. The child and/or parent faced with a divorce is bombarded by a plethora of lifestyle changes and emotional responses which flood the senses. The blocking and denial employed by patients during this phase is viewed as a self-preservation response to dull the pain until the patient is ready to face the stark reality of separation. The mental health professional can facilitate the process of recovery by assisting the individual to sort out vague emotional responses into definable, clear-cut entities. These emotional responses can then be gradually processed in therapy. It is recommended that a contract be agreed upon by both patient and therapist in the orientation phase. The contract should identify the specific responses and behaviors destructive to the patient's progress in that they interfere with integrating and overcoming the divorce trauma.

Honest feedback from the therapist in the orientation phase has been described as helpful in establishing a therapeutic alliance. It also clears up the tremendous confusion experienced by individuals after the initial shock of divorce. Formulating a contract subverts the development of a non-productive, dependent relationship between patient and therapist. It discourages fantasies that the therapist will magically rectify the array of problems the patient has to face. It is also possible that such a contract unconsciously communicates two messages to the adult or child; first, that the therapist perceives the individual as capable of mastering this serious emotional blow, and secondly, that the therapist is committed to assist in this endeavor.

In the second phase of treatment, integration is the major goal. At this point the patient has recognized the life changes and inner emotional reactions precipitated by the divorce. These new-found realizations of the child and/or parent must now be worked through. The patient's awareness of his or her personal experience regarding divorce is heightened in this phase. This is critical in the formation of a new concept of family and life roles. It also highlights new directions for growth. This particular phase generates intense anxiety due to the stress of delving deeper into the personal aspects of the self.

The clinician is forewarned of typical resistances employed by patients during the integration phase. One such method of resistance is through the fusion of the parent's

and child's identity. In this way, the parent or child cannot examine his or her own issues because of his or her "devotion" and concern about the response of the other. It is often discovered that seething resentment underlies these relationships in which children have been pressured into adult roles to meet the needs of their parent(s) while their own needs are neglected. Likewise, adults who enslave themselves to the welfare of their children begin to feel resentment and disdain in their self-created bondage.

Depression is another resistance used to decrease the focus on self-exploration in therapy. Other unproductive maneuvers include attempts to change an ex-spouse's behavior or to reunite parents who are already separated. The energies of the patient can be rechanneled into more productive, self-oriented tasks.

Dependency is yet another resistance which dulls awareness and self-reflection. It is recommended that the clinician redirect these resistances that foster distraction and confusion. The patient must be encouraged to experience his or her emotions and view himself or herself as acceptable. Self-acceptance grows out of a therapeutic relationship in which the therapist allows the patient to express intense emotion and receives this expression with acceptance and validation.

The third and final phase of Dlugokinski's therapeutic process involves consolidation as the primary task. At this level the patient has fully explored inner responses and

achieved an understanding that makes him or her ready to face a new way of daily living. The consolidation phase helps to establish a clear sense of identity and a reservoir of effective coping skills for the patient. Conclusion of this phase signals an appropriate time for termination of treatment. Therapy is viewed as a vehicle to guide the child or adult towards a sense of self-confidence and resolution. The child or parent who no longer perceives himself or herself as helpless, vulnerable, or unable to function at an acceptable level of efficacy has attained the treatment goals. It is the therapist's objectivity, support, and appreciation for the patient's individuality that enables the patient to recreate a sense of identity and plan new life goals.

Situational stress.

Thus far, discussion of treatment has described the powerful influence of the clinician in alleviating the effects of divorce on children and parents. Reder and Fox (1980) note that in addition to the therapeutic techniques and supportive relationship, there are major situational concerns that affect treatment outcome. For example, successful psychotherapy for children requires a "contained setting" (Reder and Fox, 1980) in which the child can risk exposure of his or her conflictual feelings without fear of being ignored, rejected, or blamed. The therapist accomplishes this by establishing a relationship which provides an experience of stability, confidentiality, supportiveness, and acceptance in response to the child's expression of emotional

material. Parents can assist in the treatment of their children by ensuring regular attendance, providing a stable home environment in terms of basic needs, and remaining open to the child's emotional expressions without being intrusive. Tessman (1978) suggests that a network be provided for parents as well as children to mobilize additional supportive efforts in maintaining a safe environment for the child. The needs of parents whose children are in treatment can often be met through friends, extended family, and to some degree by the child's clinician as well (Anthony, 1974).

Derdeyn (1980) suggests that a therapist would be wise to recognize divorce referral cases as involving two patients, the child and the custodial parent. He makes reference to the research of Wallerstein and Kelly (1975) which documents that children adjust most poorly to divorce when the custodial parent is not coping well. Derdeyn urges clinicians to incorporate parenting issues along with the theme of resolution of the loss of spouse and marital lifestyle after divorce. Focus on parenting skills includes providing direct information and practical suggestions to parents. More importantly, however, it reinforces the parent's normally-defined role. This can restore the self-esteem and confidence parents need to carry out the expected parental duties.

Another concern for the therapist is to support the parent through his or her grief process. Intense feelings of anger, resentment, abandonment, and sadness are often identified in response to the loss of the spouse through divorce. Focus

on the grief reaction enables parents to process and resolve their loss experiences. This permits the parent to adjust to the new way of life. If left unresolved, feelings of loss and hostility towards the estranged spouse may predispose the custodial parent to perpetuate similar spousal-type relations with the children.

Involving parents in therapy.

The stressful situation and intense emotional climate in which the custodial parent finds himself or herself after divorce can cause many special problems that directly affect the children (Derdeyn, 1980). The single-parent family is a fragile system with tremendous emotional, financial, and social pressures. A typical tendency is for the generational boundaries between the custodial parent and children to become blurred. This occurs as a result of a parent's unresolved emotional issues which lead him or her to seek solace from the children. While a certain degree of expectation for maturity in children helps foster responsibility and growth, excessive expectations can be perceived as overwhelming to the child, causing intense anxiety, fear, and resentment. These reactions are typically expressed by antisocial behaviors at school, home, and with peers. Advising the custodial parent directly about maintaining appropriate generational boundaries and becoming aware of violations of these boundaries may indirectly reduce anxiety and subsequent behavior problems in the child.

A lack of discipline is common in the parenting style

of custodial parents. It is reflective of their own feelings of inadequacy in handling the full parental role. This creates an insecurity in the child which is frequently manifested in behavior problems. Defensive, aggressive, and antisocial behaviors may be employed by the child as tactics to protect himself or herself against feelings of helplessness, vulnerability, and insecurity that result from deficient parental discipline. Such behaviors are also defenses against a loss of reality and depression. They may even be used as a means of maintaining the tumultuous atmosphere in the family to combat the feelings of loss of the original family unit. These defensive styles seem to respond best to a combined approach of individual and family-focused interventions.

Battles over custody, visitation, and child support that arise after divorce are often a function of residual anger in the parent(s). Unfortunately, the children often become a prime target for the release of such emotion. There is a dangerous potential here for the child to be caught in the cross-fire between two parents whom he or she loves but who hate each other. The loyalty conflict for the child becomes an intense and fearful one. Many children become so frightened by parental displays of anger that they will join in an alliance against the estranged parent in an effort to quell angry outbursts and appease the custodial parent.

Parent-focused interventions can often ameliorate such tension for the child and are frequently preferred when younger children are involved. The therapist can help to clarify for the parent(s) the concerns of the child. Most young children willingly grant permission for the therapist to discuss their expressed worries and fears with their parents. In addition, providing feedback and observations to parents about their role in perpetuating the loyalty conflict can also bring relief for the child. In many instances parents will refrain from previously employed insensitive tactics such as using the child as a messenger to the ex-spouse or enticing him or her to spend more time with one parent than the other during holidays, etc. They will also refrain from "pumping" children for information about the ex-spouse or making the return from a visitation a cold and distant experience.

Once remarriage has occurred, parents are resistant to enter treatment with their children. Gardner (1977) advocates the involvement of both natural parents in the treatment of children despite intense objections and anxiety expressed by the step parent(s). In this way, all individuals involved in the divorce can explore psychological ties to one another that still remain. They can examine the potential for these residual feelings to generate hotility and poor relations. Gardner advocates that new spouses be encouraged to tolerate the involvement of the ex-spouse in treatment with his or her previous family. The new spouse is more likely to encourage

therapy if the goal to psychologically disengage the former spouses from one another is clearly explained.

Gardner views the child as contained within a family network. He asserts that expecting to treat the child exclusively is unrealistic because of the context in which the latter lives. With younger children, Gardner advocates seeing the custodial parent with the child for the initial session. This communicates the importance of parents and children working together in treatment. Until age 13, Gardner includes the parent as an observer in his individual treatment of children. The therapist serves as a mediator between the parent and child to point out the dynamics in his individual treatment of children. The therapist serves as a mediator between the parent and child to point out the dynamics in the parent/child relationship and highlight major areas of concern. The observing parent is viewed as an assistant. The treatment of children with the parent as an assistant provides unique opportunities (Gardner, 1976). This approach provides the child with a living experience of his or her parent's reactions to expressed issues and fantasies of the child. The therapist presents the child's issues directly to the parent and elicits his or her response in the presence of the child. It is essential for the therapist to make certain that the parent will not react in the punitive, negative manner which the child expects. Such assurance is not possible unless the therapist has had direct and active involvement with the parent in treatment along with the child.

In cases where parent/child treatment is possible, excellent results have been reported by Gardner. Such treatment provides the child with a real-life experience that helps to dispel the frightening negative fantasies he or she has entertained about parental response to their feelings before therapy. In the parent-child treatment modality the therapist urges parents and children to tell one another those things which they had each revealed privately to the therapist. He or she does not, however, reveal any private information without permission from the parent or child because the therapist must respect issues of confidentiality and therapeutic alliance. For older adolescents who can trust peers much more easily than adults, group psychotherapy is recommended.

Gardner views the lowering of self-esteem in children as a primary result of divorce. It is for this reason that low self-esteem is a major target for therapeutic intervention. There are many aspects of divorce which assault a child's self-esteem. Economic strains can be embarrassing to the child in his or her social sphere, leading to feelings of being worth less than peers. Children are rarely told the truth about why parental separation occurs. In order to provide themselves with an explanation, they frequently confabulate elaborate negative fantasies. These fantasies wreck havoc with the child's self-esteem.

In cases where they have been assigned the role of confidante, children may feel inadequate to meet such age-inappropriate expectations, Often children feel guilty and disloyal when prevailed upon to align with one parent against the other. The over-protected, over-indulged child loses self-esteem at the recognition that he or she is incapable of acting independently. Children who continue to attempt to gain acceptance and affection from an uninvolved parent will experience constant rejection and subsequent lowering of self-esteem. Hiding anger toward parents causes depression in the child, which in turn makes him or her feel inadequate and constricted. Concealing the parental divorce from one's peers breeds shame and fear which undermine self-esteem. Finally, anger projected outwards without an appropriate focus distorts the child's perceptions of the environment, which then is experienced as hostile, threatening, and persecutory. The child responds to this negative environment feeling worthless and blameworthy.

Gardner cautions that self-esteem only grows out of genuine esteem-enhancing experiences and not out of mere verbal validation by the therapist. It is for this reason that he emphasizes providing the child with an actual experience of sharing or self-disclosure with the parent so as to experience the sense of being valued which comes from parental acceptance of the child's disclosures. Gardner believes that this goal can be accomplished in the treatment sessions. Increased parent-child self-disclosure will dispel the myths that the

child has created for himself or herself about the divorce. It is this genuine exchange that makes the reconstruction of self-esteem possible for both parent and child.

Gardner adopts a crisis intervention approach with his patients who are children of divorce. He intervenes to reduce the severity of symptomatology and then frequently terminates the treatment for the time being. The door is left open for the parent and child to return when necessary. Such re-entries are not viewed as failures of past treatment. Gardner reminds the clinician that, in addition to therapy, successful relationships with friends and accomplishments in scholastic, community, or sports endeavors are ego-enhancing to the child and can help improve damaged self-esteem.

Kessler and Bostwick (1977) cite the paucity of research on the treatment of children of divorce. They contrast the few available therapy approaches to such children with the rising statistics on divorcing families. These researchers outline a group workshop approach for children who are 10-17 years old. This workshop is held in an all-day session for which a fee is charged. The workshop goals are to provide these children with a climate in which they may enjoy a sense of solidarity with others who have shared the same experiences. This becomes an opportunity to release feelings that would ordinarily remain pent up in the child. In addition to the release and support aspects of the group workshop, the adolescents can exchange and learn useful coping strategies which will aid in adjusting to their own new lifestyle.

The workshop includes techniques to facilitate eventual disclosure of feelings by one member to another. Assertiveness training and modeling of communication skills are also provided. Vignettes are presented as catalysts for group discussion and to inspire the subsequent formulation of coping skills. This intervention model focuses on dealing directly with the divorce and enlisting the cooperation of the child. This type of program is not a panacea for all children, especially those in crisis. Such programs , however, are certainly of supportive value. This program may be especially helpful for more disturbed children because it provides structure, informmation, and specific skills to help them cope with this traumatic adjustment period. The direct informational workshop technique is an effective adjunctive intervention to any comprehensive treatment plan. This workshop is also beneficial as a preventive measure for children who, although exhibiting adequate coping skills and the absence of symptoms, still show a mild degree of upset and confusion about divorce.

Structured workshops for parents are also beneficial. Among parents who have divorced it has been found that parenting skills declined in the year following the separation by comparison with parents in intact marriages (Hetherington, Cox, and Cox, 1976, 1978, 1979). One study found that these parents communicated less effectively with their children after divorce and showed less affection. They also tended to expect less mature behavior from the children, were less apt to reason with the children, and for the most part provided

inconsistent discipline.

When there is diminished parental control, many children respond by exhibiting undesirable behaviors. This frequently establishes a downward spiral of antagonistic interactions that eventually necessitate professional intervention. Structured groups help to provide an objective perspective for parents in the throes of an emotionally painful divorce. The dissemination of information to parents will help them to understand the typical reactions in themselves and in their children during such a time. This increased awareness fosters patience and understanding about parent-child interaction. A final advantage is that methods for reversing the downward spiral eventually become clear for the workshop participant, whether this be parent or child.

Crisis intervention.

Another type of treatment recommended for children and parents after divorce is a structured, short-term crisis intervention program geared to achieving the specific objective of crisis resolution for the client. Information on the topic of divorce is presented in a limited number of sessions. These structured programs are designed to provide a resource and support during the difficult stages of the divorce and adjustment period.

A crisis intervention approach for custodial parents after divorce has proven to be quite useful (Novak, 1982). Luepnitz (1978), too, advocates a crisis intervention approach. She claims that conceptualizing divorce as a crisis guards against

labeling it as a disaster which would not be amenable to therapeutic intervention. Interventions that are kept specific and provide useful coping strategies for parents and children will result in mastery of the crisis. This will promote increased strength and self-esteem in the patient.

Novak (1982) employs a partnership problem-solving model(originally designed by Barrell) for implementation by nurse-practitioners. This model incorporates crisis intervention techniques which can also be used by mental health professionals. The technique engages the parent and professional in a partnership which will indirectly aid the adjustment of the children as well. As treatment proceeds through the stages of crisis intervention, the professional will provide specific information to the parent for the benefit of the children. Parents are encouraged to speak openly with their children and allow them to express their own reactions to the divorce without the anxiety of possibly incurring negative consequences from the parent. Parents are cautioned that withdrawal of emotional support and reassurance is very damaging for the children. The professional actively encourages the parent to interact in reassuring, loving ways with his or her child. Parents are also instructed to avoid denigration of the ex-spouse in the presence of the child because of the risk of damage to the child's self-esteem. Children identify with the elements of both parents they carry within themselves. When children are continually bombarded with negative feedback about the estranged parent, they eventually incorporate these

negative perceptions into their own self-concept. Finally, parents are provided specific information about the types of responses of children to parental divorce. They are urged to secure professional assistance for the children when necessary.

There are six steps recommended in the partnership model. These guidelines are useful in working with parents and children in treatment. First, a partnership must evolve between the professional and the concerned parent (custodial or non-custodial). An agreement is made for both parties to share experiences openly with the professional providing his or her insights and observations.

The second step, which follows the establishment of an ongoing relationship, is the effort to "authenticate" the critical details of the divorce. This step involves much description, discussion, definition, and questioning of the elements that caused the divorce to reach crisis proportions. These specific aspects, once identified, can be focused on for eventual mastery.

Step three involves a conjoint assessment of parental strengths and weaknesses. Previous coping methods employed by the parent are noted and supports available to the parent are explored. Community resources are targeted for the parent and a network of support is formulated.

The fourth step in the partnership process involves formulation of a specific plan of action. This includes strategies about how to utilize the resources available to help meet the emotional and economic needs of both parent

and child.

The fifth step requires constant therapeutic support while the parent implements the action plan. If the intervention is successful, the crisis as defined in the beginning stages will be mastered by the parent and indirectly help the child to master it as well.

The final stage involves a summary and evaluation of the outcome. This helps the partners to identify what was most effective about the planned intervention. This systematic approach to the effects of divorce as a situational crisis can provide maximal practical help for the parent and indirect benefits to the children.

Wallerstein and Kelly (1977) discuss the treatment of children from divorced families with a heavy emphasis on crisis intervention theory. These researchers claim that children experience parental divorce as similar to the death of a parent. The crisis is described as a temporary state of confusion where coping mechanisms and capabilities to adapt are thrown into turmoil. In this period both parents and children can benefit from interventions that help to clarify feelings and fantasies. A time limited psychotherapeutic approach is advocated. Intervention strategies are designed to enhance the parent's or child's understanding of his or her personal feelings about the divorce and aid in the development of a realistic perspective on the entire divorce experience.

Wallerstein and Kelly designate six crucial factors to be kept in mind when working with divorced parents and their children. First, the experience of divorce causes intense disorganization within the family and among its members. Reorganization occurs as a function of time, with some painful periods interspersed throughout. The span of time children require to adjust is an important consideration because of the risk of developmental arrest if the adjustment period is a long one.

The second aspect of the situation is that children's adaptation and developmental progress are contingent upon the parent's functioning after divorce. Knowledge of this fact helps the clinician to determine the urgency and timing of therapeutic interventions with parents.

The third factor is that older children and adolescents must be allowed to disassociate themselves from divorce-related happenings at home. This allows them to maintain a separateness that will encourage self-development. Counseling is imperative in situations where it becomes apparent that parents are making adult demands on their children.

The fourth element is that anxiety provides an excellent and rare opportunity for effective interventions in the period immediately following family separation. These interventions will help to decrease maladaptive reactions. It is speculated that "the marker event" of divorce makes individuals more amenable to change. Parents are especially receptive out of concern about the effects the divorce will have on the children.

Guilt reactions for having inflicted tremendous pain on the children is a second common motivating factor.

The fifth consideration applies especially to the treatment of children and necessitates that the therapist appreciate the nature of the loss involved in divorce. It is crucial that both the similarities and differences to parental death be recognized. In divorce, the complex task of formulating and integrating a new relationship with the non-custodial parent is superimposed upon the mourning process. Both parents and children must redefine their intimate relationships within the restrictions imposed by the separation. This often requires therapeutic assistance. The loss experienced in the death of a parent is final. Although it is a painful process to integrate, this type of loss is clear-cut and eventually resolved. The partial loss experience in divorce, however, is ongoing, which perpetuates pain and difficulty in integration of the loss.

The final factor to be kept in mind by clinicians is that even those parents who are engaged in psychotherapy often do not receive assistance which specifically addresses parent-child problems during the divorce process. Clinicians who work with children of divorce in therapy should offer such services to the parents through consultation sessions. This will assist the parents to understand the child's reactions as well as their own.

Wallerstein and Kelly advocate that the intervention approaches they describe be made on a time-limited basis, with possible extensions of treatment when indicated. Three months has been estimated as an optimal length of time for delivery of this type of treatment. This brief therapy approach is not advisable with clients who present a chronic history of psychological disturbances. Benefits for children are numerous when treatment intervention is initiated between one and six months after parental separation. This is because the initial phase of shock and denial is not a productive intervention point for therapy. It is premature for the child to attempt to process a divorce experience in situations where the non-custodial parent has not physically left the home. Referrals for treatment require careful timing and consideration, since delays in counseling beyond the critical period may allow for the entrenchment of symptomatology. It also imposes needless prolonged suffering on both parents and children.

Wallerstein and Kelly identified two groups of divorced families at high risk for emotional distress. One group consisted of parent who were engaged in the divorce proceedings as a method by which to defend against the onset of a deep underlying depression. Such people were headstrong and unresponsive to therapeutic assistance. This attitude often prevented remaining family members, especially the children, from receiving the therapeutic assistance they needed. A second group was composed of mentally ill parents whose divorce actions represented only one aspect of a more serious

decompensation process. These parents obtained little benefit from a therapeutic approach. The children of both of these groups were especially vulnerable to psychological disturbance and appeared to need more intensive treatment than a time-limited program could provide.

The initial phase of counseling, according to Wallerstein and Kelly, includes a thorough investigation of the marital relationship before the divorce. The goal of such an inquiry is to obtain a clear sense of the family's lifestyle and the changes occurring in the process of separation. Next, the current situation of each parent must be clarified. This includes economic, legal, educational, employment, and romantic aspects of the parent's present life. An in-depth history of each child is then elicited, including a parental description of the child's reactions to the divorce. Parental expectations for the children are noted and explored. Acquiring this comprehensive historical material typically requires two sessions at the outset of therapy. During this time the role of the mental health professional as a helpful advisor is established. Connections are made between the child's symptomatic behavior and the stress resulting from the divorce experience. A general assessment of the overall development of the child, as well as a divorce-specific assessment, is warranted.

A divorce-specific assessment includes an inquiry into the child's understanding of the parent's divorce, the explanation he or she has been given, and his or her affective

response to the divorce. An assessment is made of the effectiveness of the child's defense mechanisms in managing anxiety. In this way, maladaptive coping strategies can be identified and restructured to provide maximal psychological comfort and mastery. The far-reaching effects of each child's reaction to divorce must also be assessed. A child whose reactions cause difficulty in the school setting will suffer to a greater degree than one who can function well academically and socially.

It is suggested by Wallerstein and Kelly that diagnostic impressions and the identification of the major therapeutic issues be arrived at by the third session. Aspects of the treatment plan which can be appropriately shared should be reviewed with the parents. School records should be included as an important source of data in devising a treatment strategy. When discussing issues of concern about the children, parents will typically interject a host of practical concerns related to themselves. At these times, the clinician becomes a practical resource to address the agenda of anxious parents. Successful interventions along these lines will strengthen parental commitment to treatment and will thus be indirectly beneficial to the child.

An approach which alternates sessions between parent and child works best to restructure the blurred boundaries so commonly found between divorced parents and their children. Therapeutic work that includes both the parent and child

provides the clinician with the precious opportunity to function as an advocate for the child, clueing the parent in to the specific needs of the child. The Wallerstein and Kelly intervention strategies are best described as a blended approach. Child-centered, adult-centered, and relationship-centered interventions are combined. In addition, these interventions vary along a continuum from educational to analytical.

The Wallerstein and Kelly discussion of treatment also includes a review of treatment failure. This contributes helpful ideas in terms of program evaluation and goals for treatment. These counselors viewed treatment failure as the inability to engage a parent actively in a supportive role. A family atmosphere with constant high stress is an indication that treatment has failed to alleviate the psychological pain of both parent and child. The majority of such cases in their study included parents suffering from pervasive characterological defects or severe emotional reactions that required intensive treatment. The major conflict in the parent-child relationship during the divorce crisis is that the child is in need of support at a time when his or her parents are attempting to distance themselves from the painful memories of the old family lifestyle. The child views the family as a resource for support. When this family support is disolved some replacement resource is necessary. It is essential, but extremely difficult, for parents to recognize this because of their own preoccupations and emotional needs.

The Wallerstein and Kelly treatment approach is tailored to assist families in transition from married to divorced lifestyles. Children are the major focus because it is difficult for them to integrate such drastic alterations in lifestyle and still manage the pressures of the normal developmental process. An assessment of support systems available to the family and children is critical. Some things to look for include the current condition of the parent-child relationship, the emotional availability of siblings, extended family involvement, school activities, and the social support of peers.

Kelly and Wallerstein (1977) outline specific strategies in working with children of divorced parents. The preschool child is typically unable to respond to a crisis-intervention approach. He or she benefits most from interventions made directly with the parents. This includes coaching the latter in empathic responses and specific techniques of communication with the younger child. A clear understanding of the child's affective experience is also encouraged.

Children in the stages of early latency find emotionally laden discussions particularly anxiety-provoking and painful. For this age group the technique of a "divorce monologue" (Kelly and Wallerstein, 1977) can provide a comfortable distance for the child when upset feelings must be addressed. In this approach, the therapist describes how divorce is experienced by other children of the same age. This allows the child to admit to similar emotional reactions or to indicate

in which ways the divorce experience is different for him or her (Mason, 1978). The "divorce monologue" technique offers an opportunity for the clinician to interject specific aspects of a child's family situation in order to facilitate discussion on painful topics which are otherwise very difficult to tackle in therapy.

The late latency child and adolescent usually have sufficient maturity and ego development to benefit from direct verbal communication. Brief psychotherapy works particularly well with this age range because it provides an outlet for expression outside of the family unit. It also provides a source of information. The therapist as a non-familial adult role model can help provide support and stability for the child at a time when his or her parents are less able to provide these necessities.

Many older children benefit from prolonged insight-oriented treatment. The best candidates are youngsters who have multi-faceted conflicts or the psychological sophistication that would enable them to participate fully in an in-depth treatment focus. Those children with far reaching emotional disturbances may also require individual attention.

Most recently Wallerstein (1983) has suggested conceptualizing the child as needing to master six coping tasks to ensure a healthy integration of the divorce event. There is evidence at the ten-year follow-up period of residual effects from parental divorce. This finding makes it questionable that complete resolution of the effects of parental divorce

ever occur. Long-term effects of divorce on children (Wallerstein, 1983) do not seem surprising when one considers that parental divorce is a major life event and is therefore a significant memory for the children involved.

The six tasks described by Wallerstein (1983) portray the child in a "battle" for mastery. The tasks are conceptualized in a hierarchy resembling stages of development. Mastery arises out of adequate response to threats posed at each developmental stage. Thus, the child is viewed as "fighting for the right" to normal development.

Task I is seen as the simplest and requires only that the child "acknowledge the reality of the parents' marital rupture". This involves a realistic comprehension of the changes that occur in family relationships and lifestyles after divorce. The child's ability to master Task I is intimately linked to his or her developmental capacity to distinguish reality from fantasy. This ability is more tenuous in the younger child. However, older children may also struggle with this task due to regressive responses after the initial shock caused by the announcement of the divorce.

The second task towards mastery of parental divorce is for the child to "disengage from the parental conflict and resume his or her customary pursuits". Task II requires that the child establish a sense of separateness from the conflict-ridden family scene. This distance allows the child to continue to make rewarding developmental strides at school

and with peers. Another aspect of this second task is for the child to master his or her inner responses of despair, anxiety, and depression in response to the divorce. Through mastery of these internal responses, the child will become motivated to function autonomously in the external world.

Task III poses "resolution of loss" as the central requirement for mastery. Absorbing the numerous losses precipitated by divorce is the most difficult task of all. It requires that the child overcome the painful emotional experiences connected with the departure of one parent. This includes rejection, deprivation, feeling unlovable, helpless, embarrassed, and shunned. The resolution of this task is a long-term process. It can be facilitated by a healthy and stable relationship with the estranged parental figure. In adolescence, many children attempt resolution of the loss experience through angry detachment from the departed parental figure. The ramifications of this detachment discourages resolution of Task IV.

Task IV requires the "resolution of anger and self-blame". If the child is utilizing anger to resolve his or her sense of loss (Task III) resolution of that anger would be contra-indicated. In such a case the child becomes fixated at Task III, unable to complete Task IV for fear of being thrust into regressive preoccupations over loss at the Task III level. Wallerstein believes that children do not ascribe to the concept of no-fault divorce. They place blame on either one

or both parents or on themselves. Anger is a durable emotion in the children of divorce. Unfortunately, it is also the major deterrent to a healthy resolution of the divorce experience. Resentment and anger maintained by the child perpetuate the wounds of divorce. They discourage the development of emotional maturity which would require that the child recognize differences and mistakes among people, including family members.

Task V, "acceptance of the permanence of the divorce", is gradually completed as the child masters each of the previous tasks. The final task, Task VI, is that of "achieving realistic hope regarding relationships". This is necessary for complete resolution of the divorce experience. It requires that the child adopt an undistorted view of his or her own abilities to love and be loved. This task dictates that the child become able to engage in healthy relationships despite past experiences of loss. It is the capacity for mastery that will determine the final effects of divorce for each particular child. Conceptualizing the divorce experience in terms of task mastery suggests the imposition of an additional burden in the child who is already laden with the tasks of normal development. It can also be conceptualized, however, as a unique opportunity for task mastery and success that is unavailable to the child from an intact home. The crisis of divorce can thus serve as an opportunity

to strengthen and broaden the budding personality of the child despite its potential to disrupt developmental progression.

Play therapy.

A unique and interesting play therapy technique designed to tap issues related to parental separation and divorce has been proposed by Linda Kuhli (1979). This technique involves the use of two play houses, allowing the child to play out and eventually master feelings of rejection, anger, and loss associated with family crisis and parental separation. This play task easily revealsthe quality of the child's object relationships and provides valuable data about the patient's view of his or her present life situation. The child can gain a sense of control over a household environment even if just in fantasy. A forum for expression is provided as well as an avenue for mastery via the repetitive process of therapeutic play.

The symbolic use made of the second house differs from one child to another. Some children employthe two houses as a concrete representation of their experience in shuttling back and forth between the maternal and paternal households. Other children utilize the second house as a symbolic haven or escape from the pressures of the custodial family. The significance of the houses in play helps to clarify further the particular emotional experience of divorce for each child.

The treatment of children from divorced families is still a relatively new area of study. It is open to the development of additional therapeutic approaches. It is projected that,

given the large numbers of children referred for psychological or psychiatric services with issues of parental divorce, necessity will foster the invention of new ways to help this select population of patients.

Conclusions

It remains somewhat unclear whether or not divorce is dangerous to the development and well-being of children. The major reason for this quandary is that research literature presents results to bolster both positive and negative hypotheses about the effects of divorce on children.

Negative Effects of Parental Divorce

Sugar (1970) claims that children view divorce as a crisis and react to it accordingly, especially if they are unprepared for its occurrence. He cites research which describes the child as feeling helpless and rejected in response to parental divorce. He emphasizes that the departure of one parent will cause an inevitable loss experience for the child. He stresses that making demands on children during this intensely stressful time is unwise because they need their energy to "heal emotional wounds". Sugar assures parents that the child will benefit from a moratorium on expectations and that this will demonstrate parental understanding of the child's state of distress.

Mc Dermott (1970) supports Sugar's stance. His studies indicate that physical separation from a parent due to divorce does indeed impose stress upon the children. He noted

indications of depression, grief, acting-out behaviors, and difficulties in sex role identification.

Hancock (1980) views the destruction of the family matrix as a central blow to the child. This threatens the child's sense of belonging to a stable family unit. This researcher describes children as hyper-sensitive to the emotional climate in a family. He maintains that grief reactions are prolonged in children of divorce despite the fact that they eventually adjust to the new living arrangements. Hancock hypothesized a recapitulation of the initial loss experience at each new developmental stage or upon leaving the non-custodial parent after each visitation although no definitive research findings have yet confirmed this. The child is portrayed as alone in his or her grief, struggling with the core issues of "meaning and belongingness" in the separation and divorce experience.

A recent investigation by the National Association of School Psychologists (Guidubaldi, et al., 1983) was conducted under the supervision of prestigious researchers in the area of divorce and its effects on children. The purpose of the project was to control for many previous sampling errors and better determine the effects of divorce on children in a nation-wide sample. The research challenged the idea that the primary effects of divorce are due to diminished family income. This is because many differences in classroom behavior patterns between children of divorce and those from

intact families continued to emerge even when family income was controlled for by covariate analysis. Socio-economic status, educational level, and occupational status of parents also did not affect the observed differences between the two groups. Children from intact families were found overall to score higher on ratings of classroom behavior, communication skills, daily living skills, social behavior, and peer relations. They did better on the Wide Range Achievement Tests of reading and spelling, and got higher classroom grades in reading. Children from divorced families were significantly more likely to be referred to the school psychologist, placed in special education classes for reading difficulties, and designated for retention.

This study concludes that divorce has general adverse effects on children and that these effects are primarily attributable to the divorce experience itself. The researchers recognize that environmental factors at home and in school may influence the child's stress level to some degree, but these are dismissed as unimportant contributors to the adverse effects. Unfortunately, these environmental variables were not considered with appropriate scientific rigor. Another drawback of this reseach is that various social/environmental aspects of the school referral process were not addressed. Many professionals such as teachers, principals, and even school-based child study teams may dangerously stereotype children of divorce as creating particular disciplinary

problems or evidencing cognitive limitations. In reality, however, the difficulties manifested by the child of divorce may be adjustment reactions. Behavioral agitation, cognitive confusion, and problems in concentration after parental divorce are symptoms which bear a strong resemblance to a typical adjustment disorder (Diagnostic and Statistical Manual of Mental Disorders-III, 1980).

Parental divorce requires an adjustment for all children. It is unjustified to assume that these effects are adverse if they do not persist for an extended period of time. Although a decrease in academic performance or other scholastic and social functioning is not a positive effect of divorce, it may be a natural reaction to an upsetting event. Similar reactions might also occur in response to the arrival of a new sibling or the death of a grandparent. It is for this reason that labeling divorce as a tragic event which causes dreadful and permanent damage is unwise.

Unexpected Advantages of Parental Divorce

Some research on the effects of divorce comes up with positive findings but these are usually less frequently cited. The present-day societal view of divorce is that it is a tragic event which is a truly devastating experience for all involved. Reinhard (1977) studied a non-clinical population of adolescents who reported no major problem areas on written questionnaires. Luepnitz (1978) discovered in her sample of college undergraduates that the majority of respondents denied enduring

adverse effects from parental divorce. None of the adolescents in the study required any form of psychiatric care. No delinquency, scholastic difficulties, poor self-esteem, or problems in social interation were noted. Rosen (1979) cites similar results, i.e., no significant differences in adjustment for the group of children who endured parental divorce when matched with controls. This is not to say that the experience of parental divorce might not lead to emotional disturbances or maladjustment in children, but rather that such effects are not inevitable. In cases where negative effects do occur in response to parental divorce, these effects need not last forever (Kurdek and Siesky, 1980a; Mc Grab, 1978). In every crisis reaction there is an inherent growth potential. The opportunity for a new lifestyle and relationships to emerge as part of the recovery period is ever present. At times divorce can even be viewed as a desirable alternative, improving a previously unsatisfactory life situation. Many children rate parental divorce as a desirable alternative to living in the midst of constant conflict (Kurdek and Siesky, 1980a).

Research has found that many children of divorce manage to integrate a realistic perception of the reasons for the divorce. Their understanding is usually that there were irreconcilable interpersonal conflicts that made it impossible to achieve a quality of life enjoyable to the whole family. Parental divorce was the only alternative. A study by Kurdek and Siesky (1980a) did not see parental divorce as affecting

children's peer relations or their own views about marriage in a negative way. The subjects rated themselves as different from children in intact families but not in any way inferior (Kurdek and Siesky, 1980a). Children saw the divorce as facilitating the acquisition of new responsibilities and household duties. Weiss (1979) sees these increased responsibilities as a positive means of fostering early maturity. The assumption of household maintenance duties establishes sensitivity to the concerns of adults in the children. This creates a greater respect and appreciation for the efforts of the custodial parent.

Children of divorce often appear to be more responsible at earlier ages, more self-reliant, more capable of independent functioning and of mastering specific skills usually acquired quite a bit later (i.e., washing clothes, shopping, cooking, cleaning, managing money, etc.). The right to full membership in the family which a child earns by making significant contributions often leads to increased self-esteem. The acquisition of self-care skills also promotes a greater sense of independence and general competence (Weiss, 1979).

Kurdek and Siesky (1980b) researched children's perceptions of parental divorce as influenced by the type of explanation provided by the parents. Three basic explanatory modes were defined by the researchers, namely the decriptive, the mutual, and the one-sided explanation. A descriptive explanation was neutral and factual in nature. It excluded mention of the

parent's role in the decision to divorce. A mutual explanation conveyed the message that both parents had shared in the decision to separate. A one-sided explanation communicated that the decision to divorce was reached by only one of the two parental figures. It was found that the explanation provided by the parents to the child about the divorce greatly influenced the child's perceptions and eventual adjustment after divorce. Children who were provided with mutual and one-sided explanations were less likely to entertain reconciliation fantasies, since either both or one parent at least had been directly implicated as having an active role in the decision to divorce. An explanation that focused on a deliberate parental decision to divorce also reassured the children that they were not the cause for the separation. It appeared from the results of this study that knowing about parental incompatibility enhanced the child's ability to accept the divorce satisfactorily.

Children who were found to display a favorable adjustment to parental divorce demonstrated distinct attitudes. These children defined the divorce in terms of psychological separation, and were more apt to share the news about the divorce and their experiences surrounding it with peers. They maintained a positive evaluation of both parents and viewed themselves as having gained strength through their new family role and responsibilities since the divorce.

Children whose reactions to divorce were unfavorable showed a tendency to define the divorce in child-oriented terms. This orientation included the perception that the parental divorce was partially the child's fault or that it represented a "loss of love" for the child. Such children reported more conflictual peer relationships, more negative views of parents, and more episodes of parental discord in the pre-separation period.

The researchers suggest that a child's perception of the divorce is crucial to his or her adjustment. A child who views the divorce as an opportunity for growth and maturity will fare much better than a child laboring under misperceptions of loss of love or guilt over one parent's departure. These findings highlight further the idea that parental divorce need not be a life-long traumatic event for the child. Mental health professionals can be of great service to parents by providing information on how to most effectively explain the divorce to their children. Individual therapeutic work with the child can explore particular perceptions about the divorce and what the child recalls about parental explanations at the time of the event. It is possible, through these efforts, for children to integrate the effects of parental divorce and develop a healthy personality structure.

Bernard (1981) conducted two studies in which the demographic variable of divorce was found to be an unreliable predictor of the emotional development of children. His

studies of an elementary school population yielded no consistent significant differences between children from divorced and intact homes on seven operationally-defined emotional responses including anger, aggression, passive-aggression, sadness, resignation, avoidance, and assertion. This research cautions against viewing divorce as a major predictor of mental illness, delinquency, scholastic achievement, and emotional disturbance. In addition, mental health professionals must guard against the attribution of a positive or negative valence to the divorce experiences of their patients. The patient, whether a child or an adult, requires a therapeutic atmosphere free of distorted ideas about divorce. To the extent that preconceived notions about divorce are kept out of the therapeutic realm, the patient is free to formulate and employ strategies for integration and acceptance of the divorce with the aid of the therapist.

This presentation attempts to describe both the positive and negative effects of the divorce experience for children. Divorce is an unpleasant life event, but, like all other natural life events, it has advantages and disadvantages. It is not the occurrence of parental divorce per se which is the most critical factor in determining the effects on the children involved, but rather the unique and specific reactions of the individual child. The myriad of possible attitudes the child may adopt makes possible a host of outcomes.

Sensitivity and knowledgeable therapeutic interventions can help to minimize the negative effects of parental divorce and maximize the benefits of that experience for the child.

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Direct Information Resources for Professionals:

Center for the Family in Transition
5725 Paradise Drive
Suite 100
Corte Madera, California 94925

The National Institute for Child Custody and Divorce
Awareness, Inc.
5 Sewanois Avenue
Lincoln Park, New Jersey 07035
(201)-628-0924.

A Bibliography for Parents:

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Direct Information Resources for Parents:

American Association of University Women
Friends of the Family
Box 40845
Washington, D. C. 20016
(Request the pamphlet, 50 ways to help you be a better parent).

M O M M A
P. O. Box 567
Venice, California 90291

Parents Without Partners, Inc.
7910 Woodmont Avenue,
Washington, D. C. 20014
(301)-654-8850
(Request the pamphlet, Single-parent resources).

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## APPENDIX A

A manual and slide presentation which contains highlights of the information provided in this text has been developed. This instructional package is designed for use with mental health professionals, teachers, parents, and all other individuals interested in studying the effects of parental divorce throughout the lifespan.